THE IMPACT OF TRAUMA IN FAMILY ACTIVITY SYSTEMS

by

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A thesis submitted to the faculty of
The University of Utah
in partial fulfillment of the requirements for the degree of

Master of Science

Department of Communication

The University of Utah

August 2012

The University of Utah Graduate School

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ABSTRACT

This project uses structurating activity theory to understand the effect of traumatic experiences on family activity systems. Fourteen adults participated who had experienced an identifiable, acute traumatic event that resulted in a disruption to their family system. Interview data demonstrated ways that participants shaped trauma experiences and how trauma experiences shaped ongoing family activity. Results indicated that definitions of family are shaped by trauma experiences, that contradictions arise on a system and structural level during trauma, and families communicatively struggle to cope with trauma. Theoretical implications are offered on how mediating elements both enable and constrain how families cope during and after traumatic events on both the system and structural level. Finally, practical applications are recommended for professionals and families struggling through traumatic events, as well as future research directions.

This thesis is dedicated to my husband, Steve, who is my best friend and greatest support. His extraordinary patience and support have helped me “capture the moment” and find “joy in the journey.”

I also dedicate this thesis to family members who have been there for me during times of adversity in my life, especially to the Jackson family, who taught me how important it is to feel nurturance and love in a home.

Finally, I dedicate this thesis to my friends who have been examples to me of optimism and kindness. I wouldn’t be the person I am today without your examples. Thank you for what you have taught and continue to teach me.

TABLE OF CONTENTS

ACKNOWLEDGEMENTS

Foremost, I would like to express my appreciation to my advisor, Professor Heather E. Canary, whose patience, counsel, and insight of family communication and structurating activity theory have been invaluable to me.

I am also very grateful for Professors Leonard C. Hawes and Connie A. Bullis for their encouragement and feedback; I also want to thank Jessica Tanner Zettel who helped me navigate through the logistical aspects of my study.

Finally, I would like to express my sincere appreciation to those who were willing to share their experiences with me. Thank you for your strength!

CHAPTER 1

INTRODUCTION

Most people are exposed to at least one traumatic event during the course of their lives (Ozer, Best, Lipsey, & Weiss, 2003). Traumatic events are consequential for family systems (Avison & Turner, 1988). Family crises and trauma result in uncertainty and often result in both transition and change (Jin, 2010; Reiss, 1981). They are difficult to face, pervasive in nature, and influence how families view themselves and the world (Ozer et al., 2003; Reiss, 1981).

Traumas result in uncertainty and instability "because of the loss of previous relational patterns and the lack of new ones to replace them" (Falicov, 1991, p. 274). For example, when a family member is diagnosed with cancer, family members may be unsure of the outcome, feel hopeless, or need to draw upon additional resources to understand the cancer. Security is lost during crisis and uncertainty settles in for a time. Uncertainty during trauma demands more of the attention of family members in order to process and make sense of what is going on (Jin, 2010). Family crises are also difficult to face because they are often surprising. They are unexpected and create threats to the current stability of one's life. When a crisis in a family occurs, families must both manage the immediate crisis at hand and cope with changes that occur in the functionality of their family. Often family routines, activities, and roles all have to be adjusted.

Scholars situate families as the "focus point for nearly all relational encounters. It is, truly, a masterpiece of the human experience" (Floyd & Morman, 2006, p. xi). Families are created through communicative interactions and understanding family communication is essential to understanding family relationships and members. There are many important contributions that families make to the development and life of an individual. Families socialize members at young ages and also serve as a primary means of establishing relationships (Vangelisti, 2004). A dating couple moves toward marriage based in part on their interpretation of how they interact (Surra et al., 1988). Spouses maintain their relationship through communication strategies (Canary & Stafford, 1992). The relationship parents have with their children is reflective of the amount and type of interaction they have (Stafford & Bayer, 1993). Family relationships are dissolved communicatively (Gottman, 1994). Importantly, families influence how individual members shape their views of their family and of the trauma at hand. Reiss (1981) explicates that every family constructs its own version of reality and that this shared construction impacts the way the family views both the world and its family members.

Crises and traumas are potentially "a basis for family change" (Reiss, 1981, p. 190) and are periods of transition in the family. It is in these critical times that a family learns to manage, or not, the complexities of crisis and trauma. All families face crisis, to a lesser or greater degree. Although what constitutes as a crisis will vary from one family to the next, family crisis is pervasive. Not everyone experiences or copes with traumas the same way. Some people experience distress from trauma. Others seem to recover quickly and then suffer later from health problems, difficulty concentrating, or enjoying life (Bonanno, 2004).

Family members manage crisis communicatively. Family communication scholars are well situated to study how crises and traumatic experiences impact communication. They can also study the perception the family members have of themselves as they focus on the process through which families communicatively respond to trauma, produce, reproduce, and transform themselves. Braithwaite and Baxter (2006) postulate that "humans are agents who act on their world in light of their subjective positions, and although humans often act to reproduce existing patterns, they can also choose to change those patterns" (pp. 4-5). Communication scholars value context-specific research and are well suited to discover the communicative patterns that persist and the changes that occur following a trauma.

Structurating activity theory is a theory that incorporates concepts from both cultural historical activity theory (Center for Activity Theory and Developmental Work Research, 2004) and structuration theory (Giddens, 1984) and was the theoretical lens for this project. Briefly, the theory emphasizes the idea of structuration. That is, people engage in ongoing behavior as they produce, reproduce, and transform their social structures. These behaviors occur within activity systems, a concept taken from cultural historical activity theory. A family is an activity system that engages in ongoing behavior with the objective of developing and nurturing its members. Mediating elements influence how families manage times of trauma and "do family."

There is little communication-centered qualitative research on the processes of family trauma and coping, and there is a need to understand in greater detail how rules and resources impact the "routines" of family life in the aftermath of trauma. Structurating activity theory leads to a clearer understanding of what rules and resources

families draw upon to cope with traumas. This paper focused on how families cope communicatively with changes that arise during trauma in their daily routines. Finally, this project investigated constructs of family definitions before and after traumatic events.

This qualitative project investigated communicative coping of families in the wake of family crisis and trauma. First, I review previous scholarly literature on the topics of family, crisis, trauma, coping, and structurating activity theory. The third chapter describes methods used to achieve the purpose of this paper. The fourth chapter presents results that address guiding research questions. The final chapter summarizes the theoretical and practical contributions of the study.

CHAPTER 2

LITERATURE REVIEW

This chapter describes literature relevant to the research purposes of this thesis. I first review previous scholarly literature on family definitions and the adoption of a role-based definition of families. Second, I review literature on crisis and trauma and highlight findings of previous family trauma studies. In the following section I detail how coping is a communicative process. The final section of the literature review discusses the theoretical approach for the study, structurating activity theory.

Lay Definitions of Family

The word "family" evokes varied imagery depending on personal experiences. Likewise, the definition of family varies and it does not seem likely that a consensus will be reached anytime soon. The diversity in defining the family can be appreciated on many levels, one of which Jorgenson (1989) argued as the "serious discrepancies between families' self-definitions and the definitions of family embodied in theoretical constructs used by researchers and clinicians" (p. 35). Another discrepancy involves the lay public definition of family, which can differ from both families' self definitions and scholarly definitions. Whereas some people include friends, pets, and kin in their definitions of family, others only talk about their nuclear family as "family" (Trost, 1990).

Definitions hold importance in many spheres. “Research agendas, therapeutic practice, public policy, and the quality of life of individuals” are shaped by how families are defined, and “some family forms are more legitimated and privileged than others” (Edwards & Grant, 2009, p. 193). Constructs of family meanings are interrelated with conceptualizations of family definitions and impact how families function and interact. Just as lay people’s everyday usages of the family differ, likewise scholars differ in the way they define “family.”

Scholarly Definitions of Family

Some scholars assert that structural categorizations (legal and biological ties) should define family as a “socially, legally, and genetically oriented relationship” (Floyd, Mikkelson, & Judd, 2006, p. 37). This perspective focuses on the ability to contribute to the success of procreation and the nurturing of individuals until they are sexually mature (Turner & West, 2006). It was in the 1600s that the word “family” began taking on the more modern meaning of “those connected by blood,” thus the idea of a structural definition of family is something that has been embedded in our society for hundreds of years (Maguire, 2012). The structural definitions of families are centered on the composition of its membership. From a scholarly stand point, it is easy to determine which individuals are in a structurally defined family--those who are “socially, legally, and genetically” related (Floyd, Mikkelson, & Judd, 2006, p. 37). It is also easy to determine who do not qualify as family members. While straightforward, this perspective focuses less on behavioral and communicative aspects of relationships than do other definitions of the family.

Another lens through which families can be studied is sociolegal. This perspective states that family relationships are constituted in social behavior and social sanctions. These families must be recognized as being a family by society, and have with them civil and criminally enforceable obligations toward members of the family (Turner & West, 2006). One challenge that arises from this definition is that some families are embedded in social relations (sociolegal or biological) and they become valorized and legitimized over other forms of families. Turner and West (2006) describe how marriage is one example of a legally sanctioned relationship. They explain how society has historically created and sustained laws centered on heterosexual couples, human viability, and fertility. With the ever-changing form of families, 'alternative' forms of family bear a heavier legitimation burden and are less accepted, on their face, as 'real,' 'normal,' or 'natural'" (Braithwaite et al. 2010, p. 392).

Others postulate that family should be centered on identity-based definitions (shared meanings, transaction-based). These families are characterized by a convergence of imagery, rites, and rituals that generate a sense of belonging, identity, shared past, and future. Identity-based families focus on individual identity (Edwards & Grant, 2009). While individualism is the focus of this definition, it is challenging to focus solely on individual identity in a family. With an emphasis on interaction, family communication scholars conclude that identity should incorporate a focus on the group identity, not solely on the individual. Framing identity communicatively is a more holistic approach to studying families because families are communicatively constructed.

The process of defining families has expanded exponentially and family identity is highly discourse-dependent (Galvin, 2006). Families are created, maintained, and

transformed through communication. Through communication, families come to life, and are talked into being (Baxter, 2004). Leeds-Hurwitz (2006) explained that "people make sense of their experiences by constructing a model of the social world and how it works" and the use of talk to "make things happen" (p. 230). Family members' worldviews are shaped by other members of the family and the culture to which the family belongs (Thomas, 1998).

Role-based Definition of Family

The link between communication and families is clear and serves as an important reason to study family communication. A different approach from definitions described above is defining families through a role-based perspective. This definition states those who are not blood-related may be family members. It does not preclude blood relations but does not limit its definition solely to biological ties. Those who adhere to this definition conclude that communication defines the family and that if a group of people function like a family, share resources and affection, and they refer to themselves as a family, then they are a family (Floyd et al., 2006). The focus is on the interaction process. The family feels like a family as members act like a family. This can include support, comfort, emotional attachment, love, and intimacy. From this perspective, the family relationships cannot be separated from the communication that creates, sustains, and transforms them. Adding to the definition, Fitzpatrick and Caughlin's (2002) psychosocial definition of role-based families focuses the definition on the functions of the family rather than the structure and consists of a group of people "that works toward mutual need fulfillment, nurturance, and development" (p. 727). They continue by saying that communication is "the major vehicle in establishing levels of interdependence and

commitment, forming ties of loyalty and identity, and transmitting a sense of family identity, history, and future" (p. 729).

Another approach to role-based family definitions is Wamboldt and Reiss's (1989) definition of family as an intimate group of people who, through communicative interactions, create a sense of group identity with strong emphasis on loyalty and emotion. These three examples of role-based identities share the common idea that how people act and interact defines family relationships.

For the purposes of this study, I adopt the definition of role-based families (Floyd et al., 2006). I argue that communication defines family relationships. When members engage in acts of support, nurturance, development, comfort, distribution of resources, etc., they are acting like a family. In many situations, members of families are interdependent, love, support, and rely on each other.

Although the ideal objective of families is to nurture and develop their members, this does not happen in every family. Turner and West (2002) assert there is a need to recognize the darker and more negative elements of family life. Sabourin (2006) concluded that "as a culture we tend to prescribe and privilege harmony, yet numerous families experience abuse, alcoholism, and mental illness, creating quite different experiences than those prescribed by mainstream culture" (p. 57). Jorgenson and Bochner (2004) describe a need to look at the stories that are on the margins of family life in order to illustrate a holistic picture of family life. At times, families develop hurtful and destructive family communication patterns, which are characterized by Vangelisti et al. (2007) as aggression, lack of affection, neglect, and violence. These destructive communicative patterns can "lead to lower self esteem, increased verbal hostility toward

others, higher levels of anxiety, and lower levels of family satisfaction and trust" (Maguire, 2012, p. 21).

One of the limitations to the role-based definition of families is the ambiguity in specifying who counts as family and who does not. While it would be simpler to adopt a different criteria for defining family, such as biological or sociolegal, the focus of my research is on the resources and processes of "doing family" rather than on the compositional makeup of the family itself. The attention is on the communicative interactions instead of the biological ties, and includes less traditional forms of families.

One way to address the ambiguity of a role-based definition is to use the concept of voluntary kin (Braithwaite et al., 2010). Voluntary kin, which in some cases could be a subset of role-based families, assumes that those unrelated by blood or legal ties are still important in a person's life (Braithwaite et al., 2010). Braithwaite et al. describe four types of voluntary kin. First, voluntary kin as substitute family assumes that others (other than legal or biological family members) will fulfill needs when someone dies in a family or if there is an estrangement of family. Secondly, voluntary kin can be a supplemental family. This means that when needs are unmet or underperformed by blood or legal families, people will look to others in their social networks to fulfill their needs. It also accounts for geographically dispersed families. In this sense, the outside members of the family do not replace those within their family, but fill a void left by physical separation from a family member. Third, voluntary kin as convenience families are determined by time and place. These can include support groups, friends in high school or college, and professional connections. Convenience families often wane in intimacy when the prescribed time and place has past. Finally, voluntary kin as extended family integrates

the next-door neighbor or the adult friends of the family who become "Aunt Jami" or "Uncle Steve." These people are added to the family because they live close by and are present and involved in the individual's life. They do not have to necessarily be extended family members. The concept of voluntary kin may also correspond more closely with people's lived experiences of family, in that family experiences often can and do include people who are outside legally recognized and biologically determined relationships.

Voluntary kin is a way to put boundaries around role-based relationships because it provides understanding and clarity when using role-based relationships, which can include practically anyone. When appropriate in the study, the voluntary kin typology will be employed to help explain why participants turned to others outside their families in times of trauma.

Crisis and Trauma

Much of social life, including that of family life, is patterned into routines. Routines are "a habitual series of patterned behaviors or interactions" and usually involve communication oriented towards accomplishing the tasks of life on a daily basis (Buchbinder et al., 2009, p. 214). Everyday life tends to fall into patterns, habits, and routines that provide families with order, inclusion, and the well-being of family members (Dickstein, 2002; Dubas & Gerris; 2002; Eaker & Walters, 2002; Witmer, 1997). Even in times of adversity, families work to maintain established patterns (Dickstein, 2002). A disruption to an individual's daily routine influences the entire family and may result in stress and disruption of the family (Patterson & Garwick, 1994; Steinglass et al., 1987; Wolin & Bennett, 1984).

Scholars offer a variety of definitions for a crisis. For example, Patterson (2002) defines crisis as "a period of significant disequilibrium and disorganization in a family" and has the potential to "lead to a discontinuity in the family's trajectory of functioning, either in the direction of improved functioning or poorer functioning" (p. 237). James and Gilliland (2001) define crisis as a "perception or experience of an event or situation as an intolerable difficulty that exceeds the person's current resources and coping mechanisms" (p. 3). When a crisis occurs, families have to respond to the following challenges: initial trauma, transitions, prior strains, coping, and ambiguity (McCubbin & Patterson, 1983).

There are many events that can trigger crises in everyday life, and among the most potent are traumatic events. A traumatic event is an identifiable event whereas a crisis is a period of disequilibrium and disorganization. In its original sense, from the Greek word 'traumatizo,' trauma meant to wound. In this sense, it referred to a blow or shock to bodily tissue that led to injury. Agelarakis (2006) found that term originally appears in Hippocratic texts when surgeons would treat injuries to the brain by opening the wounded person's skull to relieve cerebral swelling. Trauma studies expanded during the nineteenth century as doctors discovered that head wounds often manifested symptoms throughout the entire body by means of the central nervous system (Grey, 2007). The term trauma was later extended to include psychological trauma, which includes damage to the mind, psyche, and subsequently the body (Rogers, Leydesdorff, & Dawson, 2004). This idea of trauma being transferred throughout the body will be addressed in a later section.

Traumas vary with regard to their source, nature, chronicity, severity, extent of areas affected, and type of exposure. (Weiner & Freedheim, 2002). Currently, there is a lack of a clear and generally accepted definition of what constitutes a traumatic experience (Cordón et al., 2004). Trauma has been described as an experience that threatens the health and/or well-being of an individual, significantly disrupts the functioning of the individual, and exceeds normal resources for coping (Brewin, Dalgleish, & Joseph, 1996; Cicchetti & Toth, 1997; Hubbard et al., 1995). The properties of traumatic events "shape our efforts to adapt and cope, such as the magnitude (daily hassles vs. major life events) and the expected duration (acute vs. intermittent/repeated vs. chronic) of the trauma" (Maguire, 2012, p. 15). While many experiences can be classified as traumatic, not all events described are equally serious in their magnitude. Depending on the person who experiences it, the impact of trauma on our behavior, identity, and perception of the world can be, in part, traced through the scars that have been etched on our souls. This study will focus on acute or discrete traumas that coincide with the definition of a crisis as periods of significant disequlibrium and disorganization in a family. Included among traumas are sexual/physical abuse, illness, natural disasters, terrorist attacks, the premature loss of a family member, and participation in combat (Boss et al., 2003; Carmon et al., 2010; Kaniasty & Norris, 2004; Kissane, 1994; Maguire & Sahlstein, 2012; Ronan, et al., 2004;).

Trauma and Health

Trauma research convincingly shows that exposure to traumas are often at the expense of a person's health (Kessler & Magee, 1993). Trauma impacts the body, mind, and spirit (Miller & Guidry, 2001). Miller and Guidry provide information on the body's

response to traumatic stress, and state that there is a literal connection between trauma and medical illness, "the effect of trauma on the central nervous system and the neurohormonal system is currently considered as important as impaired cognitive functioning and disturbed object relations" (p. 21).

The immediate emotional effects of trauma can include anxiety, insecurity, and uncertainty (Brothers, 2008; van der Kolk, 1987; Yehuda, Spertus, & Golier, 2001). If not treated properly, these can translate into lifelong emotional consequences of stress, depression, and re-victimization (Edwards et al., 2003; van der Kolk et al., 1996; Yehuda et al., 2001). It can also lead to relationship problems due to what Krystal (1978) calls a *dedifferentiation of affect* that happens during trauma when people are in a state of chronic hyperarousal and often lose their ability to grasp the personal meaning of bodily feelings. When people do not identify their emotions properly, they are unable to take appropriate actions and they struggle finding adaptive responses to future crises. In addition, there are behavioral and societal consequences of trauma (Grey, 2007). If family members do not learn to cope with the loss, they can become mentally ill, experience relational conflicts, and display symptoms of behavioral disorders (Carmon et al., 2010).

Trauma is not limited to an isolated event. Rather, trauma involves continuous injury that can "play a decisive role in [families'] perceptions of life afterwards, and in their interpretations of subsequent events" (Rogers et al., 1999, p. 15). The gradual decrease in health may be observed long after the occurrence of the trauma (Horwitz et al., 2001). Pearlin et al. (2005) concluded that exposure to trauma can lead to secondary stressors that impact a person's health and have harmful consequences and "there is even

the possibility that among the secondary stressors of a traumatic event may be other traumas" (p. 211). This finding is consistent with Turner and Lloyd's (1995) research that people sequentially experience multiple traumas. The exposure to one trauma puts people at risk for exposure to another trauma (Perlin et al., 2005). Horwitz et al. (2001) conducted a longitudinal study of children who were brought into the justice system as a result of physical, sexual, or neglectful abuse. Twenty years later, Horwitz followed up with those children and it was found that they were significantly more likely to have been exposed to subsequent harmful life events. Even after the event ends, the traumatic memories resurface and echo across time and space. It is especially challenging for people to deal with the terrifying flashbacks that occur after traumas. These events are often difficult to assimilate into conventional narratives, difficult to interpret, and are disruptive to everyday life (Pickering & Keightley, 2009).

The longitudinal impact of family trauma was demonstrated dramatically in a large-scale study conducted by Felitti et al. (1998). The study included more than 9,500 adult participants. They were asked if they had experienced: "psychological, physical, or sexual abuse; violence against mother; or living with household members who were substance abusers, mentally ill, or suicidal, or who were ever imprisoned" (p. 245). More than half of respondents reported at least one category of childhood exposure, and one-fourth reported two or more categories. Those who had experienced four or more categories, compared to those who had experienced none, had "4- to 12-fold increased health risks for alcoholism, drug abuse, depression, and suicide attempt; a 2- to 4-fold increase in smoking, poor self-rated health, [50 or more] sexual intercourse partners, and a higher risk of sexually transmitted disease; and 1.4- to 1.6-fold increase in physical

inactivity and severe obesity" (p. 245). They found that the number of adverse childhood exposures showed a direct relationship to the presence of adult diseases including "heart disease, cancer, chronic lung disease, skeletal fractures, and liver disease" (p. 245). The link between adverse childhood conditions and adult disease was the risky behavior that people engaged in as a means of coping in the face of adversity. The findings from Felitti et al. (1998) coincide with Thoits (1995) who stated that it is "well established that one or more major negative life events experienced during a 6- to 12-month period predict subsequent physical morbidity, mortality, symptoms of psychological distress and psychiatric distress" (p. 54). These findings are important when studying families because the evidence shows that the events that occur within a family impact its members later in life.

Framing Trauma Research

The rapid expansion of trauma research has led investigators to utilize both qualitative and quantitative empirical methods in answering their inquiries. Whereas quantitative research tends to focus on causes and outcomes, qualitative research largely focuses on process.

One example of quantitative research is Kissane's (1994) study that assessed family functioning in 102 families in which a member of the family was suffering from cancer. The assessment was conducted using the Family Environment Scale, and families were placed in five different categories: supportive, those who could resolve conflict effectively, hostile, sullen, and ordinary. While informative, this study contains no communication references, although "…cohesion, adaptability, communication, family roles, emotional expressiveness, and management of conflict" (pp. 259-260) are

referenced. These concepts are found within the circumplex model of family functioning, discussed in the following section (Olson, 2000).

A second topic of family trauma and coping research conducted largely quantitatively is attachment theory. Attachment theory is the combined work of John Bowlby and Mary Ainsworth (Ainsworth & Bowlby, 1991). The theory focuses on the child's tie to his/her mother and the disruption through separation, deprivation, and bereavement. This theory has since expanded to include the idea that children often continue into adulthood with the same attachment style they had as a young child (Ainsworth & Bowlby). These articles focus on causes and outcomes with surface level focus, or no focus at all on process.

Baxter and Braithwaite (2006) studied the metatheoretical commitments of researchers in family communication and found that "a total of 220, or 76.1% of published research articles were embedded in a logical-empirical discourse" whereas only "59, or 20.4% of family communication studies were interpretive in nature" (p. 8). Although informative, quantitative research lacks the rich description found in qualitative research. Especially when focused on coping with a trauma, participants should be treated as more than just a number or a statistic. Their stories need to be heard and they need to be able to talk about how they coped, what resources they relied on, and why. They should be treated with concern, care, and understanding. Quantitative studies do not adequately answer the question "how" whereas qualitative research is better situated to answer this and can address the relationships, meanings, and communicative patterns in families (Braithwaite et al., 2010).

One example of qualitative work is that of Boss et al. (2003) who shared what they learned after interviewing families missing a loved one following the September 11, 2001 attacks on the World Trade Towers. They concluded that all the families experienced ambiguous loss or "a loss that remains unclear" (Boss, 2007, p. 105). I chose this topic to highlight because when trauma is experienced, ambiguous loss often accompanies it. Everyone confronts loss in their lives and with loss comes a rupture of meaning and understanding. Ambiguous loss is especially difficult because it is a loss that remains unsettled. These families felt societal pressures to find closure and finality in the wake of uncertainty. They felt powerless and helpless. Therapists often misdiagnosed these families with posttraumatic stress disorder. Boss et al. (2003) explains that posttraumatic stress disorder is a mental disorder, but ambiguous loss is a relational disorder. Afifi and Keith (2004) found that personal, familial, and societal factors influence how much an individual experiences ambiguous loss. Personal factors included locus of control, tolerance for ambiguity, and desire for closeness. Familial factors included the amount and quality of contact with community members, and inappropriate disclosure. On a societal level, factors included economic support, social support systems, and circumstances that resulted in ambiguous loss. Berkowitz (2010) found that in times of national trauma, narratives built on collective memory to offer healing to a society. Boss et al. concluded that as the families began to talk through their experiences, they were able to begin healing. This is important because coping is a communicative process.

The study of trauma has also been linked to memory studies. Antze and Lambek (1996) found that "memory worth talking about--worth remembering--is memory of

trauma" (p. xii). Perhaps trauma is so worthwhile to remember because it impacts us so much as humans. In part, it defines who we are. Pickering and Keightley (2009) found a juxtaposition of trauma linked to memory studies. Trauma, on the one hand, was associated with memories that were uncontrollable because people could not put them into language. This was contrasted with the idea that traumas were linked to social reconciliation practices and processes, and they suggest traumatic experiences are controllable. They found the difference between controllable and uncontrollable to be in the ability to talk the trauma into a story. Participants felt like they had more control over the trauma as they were able to put the trauma into words.

In order to restore coherence, understanding, and establish new routines, families engage in a communicative process of coping as they adapt to the challenges of crises and trauma.

Communicative Coping

In its general sense, coping is synonymous for "dealing with" or "reacting to" something (Skinner & Edge, 1998). Communication serves as a tool for "sense-making in times of crisis, whether in the family context or the organizational context" (Carmon et al., 2010, p. 255). Hobfoll et al. (1991) identified three ways that coping is communicative. He concluded that many of the events we experience in life, including traumatic ones, have an interpersonal component because we often face trauma in groups of people. Second, individuals coping efforts impact relationships, and finally, coping often requires interacting with others. People cope by and through interactions with others. Applied to a family system, coping is a communicative process that occurs with other members of a family.

Communicating about traumas help people to heal and cope. Healing and coping take time. In a society and culture that breeds an intolerance for personal suffering, coping can be difficult to do (Walsh, 2006). Individuals need to talk about their experiences, their feelings, and grief (Betz & Thorngren, 2006). Present research tends to label narrating traumas as being either individualistic or psychological. However, coping is communicative. In relationships, people often share experiences and tell their stories of difficulty to each other. Herman (1997) states "in the telling, the trauma story becomes a testimony" (p.181). This process can be seen as dynamic, interactive, and interdependent.

Scholars conclude there are different strategies for coping communicatively. Maguire (2012) categorized coping strategies into four groups: problem-focused coping (managing or altering the problem causing the distress), emotion-focused coping (referring to cognition or behaviors aimed at regulating emotional responses to the problem), meaning-focused coping (managing the meaning of the event) and finally, relationship-focused coping (focusing on how relational partners deal with each other). Each of these coping strategies, when properly used, will allow families to cope with traumatic events, focusing on which type of coping they need at the time. For example, if the primary breadwinner of a family was injured at work, the family may use problem-focused coping to deal with the loss of income, emotion-focused coping to manage the stress the family will feel with the loss of income, and relationship-focused coping as members of the family cope together

Communicatively coping with traumatic experience "allows an individual to express emotions and/or cognitively make sense of a trauma", and this in turn allows an individual to "let go of the memory and move on from potentially unhealthy

ruminations…[and provides a person] organization, meaning, and coherence" (Kellas et al., 2010, p. 176).

Scholars assert that there are different stages that people experience as they are coping with trauma. Herman (1997) postulates three stages of recovery following a trauma are: "establishing safety; reconstructing the trauma story; and restoring the connection between survivors and their community" (p. 3). Dickson and Webb (2012) found that in order to enact change and transformation following a traumatic event, "family members [need to] address their individual needs and interests with outsiders" (p. 19). This will help families gain the education necessary to cope with the trauma while simultaneously working to "maintain their family routines via enacting their family relationships and involvement" (p. 19). Buzzanell (2010) noted five processes on which people can focus on as they overcome crisis as: "crafting normalcy; affirming identity anchors; maintaining and using communication networks; putting alternative logics to work; and legitimizing negative feelings while foregrounding productive action" (p. 3). She also states that the process of surmounting difficult times is ongoing and dynamic.

Research shows a link between a family's grief reaction and their communication patterns (Carmon et al., 2010). Communication can impact bereavement process positively although the way people grieve is not always the same (Betz & Thorngren, 2006). Toller and Braithwaite (2009) studied the communication interaction of bereaved parents in order to understand how a child's death impacted their marital relationship. When talking about the child's death, they found the couple experienced a contradiction of being open and closed in their communication. The couples desired to grieve with their spouses and at the same time they needed to grieve on their own because how they

grieved was different on an individual level. Black (1998) found that family members with open communication about death coped better than those without open communication. Scholars also conclude that the process of talking through a trauma can be beneficial for improved mental health (Kellas et al., 2010). "Highly communicative families also tend to report high self-esteem, low stress, and improved communication skills, all of which contribute to the likelihood of positive grief reactions" (Carmon et al., 2010, p. 258).

Communication during crisis is reflective of the communication style families used before the crisis happened. The lifespan perspective states that individuals will adapt how they communicate after the trauma based on prior experiences (Pecchioni, Wright, & Nussbaum, 2005). This happens on both an individual level and a family level. Carmon et al. (2010) found that people who were highly communicative before the death of a person in their immediate family may continue similar communication patterns following the death. This communication likely promotes personal growth and healing (Walsh & McGoldrick, 1991). Dickson and Webb (2012) assert that one way to help individuals reach out to family members is through expanded disclosure, which can be done in two ways: first, through "instrumental communication" that addresses "the crisis itself" (a chronological recount of the event) and secondly, families can engage in "communication of emotion related to the crisis" (p. 18). When families engage in these types of expanded disclosure, they are able to "enact the necessary change and transformation to adjust to the crisis" and families retain "a sense of normalcy" (p. 19).

Rando's (1984) research on issues of care giving, grief, and death found that loss is an inevitable part of life and that any loss initiates a process of grief. Walsh and

McGoldrick (1991) agree that across the lifespan, humans experience change and loss. They feel that all losses require a mourning process that acknowledges the giving up and a transformation experience that allows families to take what is essential into them and move on.

The circumplex model of marital and family systems (Olson, 2000) is a useful tool for understanding family coping because it provides a relational diagnosis of families and is system-focused. The model is comprised of three concepts for understanding family functioning: cohesion, flexibility, and communication. Olson (2008) defines the concepts as follows:

> Cohesion is defined as the emotional bonding that family members have toward one another. Family flexibility is defined as the quality and expression of leadership and organization, role relationship, and relationship rules and negotiations. Flexibility is defined as the amount of change in family leadership, role relationships, and relationship rules. Communication is defined as the positive communication skills utilized in the couple or family system. The communication dimension is viewed as a facilitating dimension that helps families alter their levels of cohesion and flexibility. (p. 65)

Olson found balanced levels of cohesion and flexibility were linked to healthy family functioning. When there was an unbalance in cohesion and flexibility, either very low or high, problematic family function resulted. This is applicable to families in trauma because traumatic events instigate change, and families who cope well with trauma are those who learn to be flexible.

Theoretical Foundation

Adopting a role-based definition of family requires a theory that is consistent with the definition. This study is framed using structurating activity theory. Structurating activity theory and role-based definitions of family are appropriate to study families who

have experienced a trauma because the focus is centered on how members of families allocate and rely upon rules and resources in everyday life following the trauma. More importantly, it helps to highlight which resources are drawn upon as families manage contradictions that arise from crisis and trauma.

Structurating activity theory incorporates both cultural historical activity theory and structuration theory (Canary, 2010a). First, I briefly describe structuration theory and cultural historical activity theory. Second, I discuss structurating activity theory and its application to the present study

Structuration Theory

Structuration theory (Giddens, 1979, 1984) is based on the idea that there is a relationship between human behavior and structuration (Poole & McPhee, 2005). Structuration theory "frames human interaction as the way in which social structures are formed" (Witmer, 1997, p. 326). The basic claim of structuration theory is that rules and resources reproduce social structures that enable and constrain human action. This interplay of influence produces, reproduces, and transforms both the actors and the institution (Jarzabkowski, 2008). For families, this means traditions, routines, moral codes, and established ways of doing things constitute structure. It also means that families can be transformed when people start to ignore the routines, traditions, moral codes, etc, and replace or transform them.

Structures are "informal and formal rules [explicit or implicit], symbolic resources, and sets of transformational relations found in ongoing social interactions and practices" (Scott & Myers, 2010, p. 81). They serve as guidelines for how to get something done. Giddens (1984) defines a distinction between two types of rules:

normative rules and codes of signification. These types of rules will be discussed in greater detail with the duality of structure. Rules have the ability to guide social interactions as they constrain and enable behavior. Individuals influence systems, and systems influence individuals (Giddens, 1991). The rules we adhere to are not usually written down, and often have no formal force to back them up; nevertheless, people can be shocked when seemingly minor social expectations are not adhered to. Giddens believed "it would be a serious mistake to underestimate the strength of informally applied sanctions with respect to a variety of mundane daily practices" (Giddens, 1984, p. 23).

Resources are "anything people are able to use in action, whether material (money, tools) or nonmaterial (knowledge, skill)" (Poole & McPhee, p. 174). There are also two different kinds of resources: authoritative resources and allocative resources (Giddens, 1984). Giddens states that although many scholars have placed emphasis on the allocative resources, "authoritative resources are every bit as 'infrastructural' as allocative resources are" (p. 258). Allocation of resources and authoritative resources emphasize power, and are linked to time/space distanciation because those who have been part of the structure longer are often those who have power in an institution. In a family, parents generally have the authoritative and allocative resources. Allocative and authoritative resources are there for all family members; however, parental authority is a structural resource for family and especially children to avoid chaos. They generally decide both the resources and the rules of their family.

Important concepts of structuration theory include agency and reflexivity, the duality of structuration, praxis and time/space distanciation, and social/system integration

and institutional reproduction (Banks & Riley, 1993). Each of these theoretical concepts is summarized to provide a brief overview of structuration theory as it relates to this project.

Every individual has stocks of knowledge (Giddens, 1979). Families and individuals are driven by goals and motivations that cause members to reflect continually on actions of themselves and others. Scholars concur that the ability and capacity to rationalize is a distinguishing element of being human (Scott & Myers, 2010).While people are enabled and constrained by structures, they always have the ability "to act otherwise" (Giddens, 1984, p. 75). Because humans have knowledge and can reflect on their actions and outcomes of actions, they can adapt and change their future actions and modify their goals; people have the capability, ability, and power to make a difference in their world.

The duality of structure proposes that "structural properties or social systems are both the medium and outcome of the practices they recursively organize" (Giddens, 1984, p. 25). Jarzabkowski (2008) refers to the notion of duality of structures as the production and reproduction of the "institutionalized social structures that persist over time and space and provide guidelines for action" (p. 622). The structure is the institutional realm that frames the action realm of individuals. Three dimensions exist within structural systems that enable and constrain the action of individuals. The first, legitimation, refers to norms. Second, domination refers to allocation or authorization of resources and focuses on the power dynamics within a system. Finally, signification refers to symbolic action, language, codes, and meaning (Giddens 1984). These three structural dimensions are produced and reproduced through action. People have choices in how they draw upon

these dimensions. They decide whether they will continue to follow the guidelines established or if they will transcend and transform their structural system, creating new guidelines to adhere to.

Praxis and time/space distanciation "indicates that structures exist only as social actors' remembrances across spans of time and geographical distances" (Witmer, 1997, p. 326). The social interactions amongst people create structural realities. Structure has to always be considered as a property of social systems, "'carried' in reproduced practices embedded in time and space" (Giddens, 1984, p. 170). Giddens further conjectures that actors do not create social systems, "they reproduce or transform them, remaking what is already made in the continuity of praxis," and the more the institution is embedded into time and space, the more resistant they are to change by an individual agent (Giddens, 1984, p. 171). Structural properties of systems exist only insofar as social conduct is reproduced chronically across time and space and can be understood in terms of how it comes about that social activities become 'stretched' across wide spans of time-space.

Social/system integration and institutional reproduction refers to the reproduction of knowledge by self-reflexive agents (Banks & Riley, 1993). Practices within structures are reproduced over time or are transformed and "human societies, or social systems, [including families] would plainly not exist without human agency" (Giddens, 1984, p. 171). Usually actors, through their daily actions, will perpetuate the institution because they have internalized institutions as guiding principles of action. Transformation occurs in structures when actors' existing internalization of institutions are changed, thus raising the possibility of acting counter to these institutions (Jarzabkowski, 2008). Structuration

theory enables analysis of these connections, and it applies to families because members of families shape and are shaped by family social structure.

Cultural Historical Activity Theory

Cultural Historical Activity Theory (CHAT) explains how tools (artifacts) and social action shape social organizations (communities of people) and vice versa. This approach to activities demonstrates its specificity to context, the complexity of the whole, and reveals how human activity is culturally mediated. This approach has applicability to a variety of social systems, including families.

CHAT states that systems of actors (subjects) interact and focus on a given object, goal, or end. Activity theory begins with the notion of activity within a system of human "doing." The actors orient toward an object in order to obtain the outcome desired. Kuutti (1996) found that object-orientation of activity is important in understanding the motivation for the activity. A focus toward a particular end inspires people and organizes people to devote time and energy to achieving their ultimate goal.

CHAT is based on Marx's (1968) and Vygotsky's (1978) work. They assert that "cognitive development is based in social activity, and that this activity is mediated by tools, signs, and a community of people" (Canary, 2010a, p. 31). Tools are the artifacts or internal concepts that mediate between an activity and an object, and "the tool is at the same time both enabling and limiting: it empowers the subject in the transformation process with the historically collected experience and skill 'crystallised' to it, but it also restricts the interaction to be from the perspective of that particular tool or instrument; other potential features of an object remain invisible to the subject" (Kuutti, 1996, p. 27).

Vygotsky (1978) places communication at the center his theory of language and thought. Scholars postulate that discourse is central to organizing and organizations (Ashcraft & Mumby, 2004; Canary, 2010a). Language is one type of mediating tool; the central organizing system is language.

CHAT was developed further when Engeström (1987) extended the concept of activity to include "systems that produce events and actions and evolve over lengthy periods of sociohistorical time" (p. 45). This is applicable to families because there is often a rich history of triumphs and trials that families experience. These experiences influence the actions and reactions of families in traumatic times. Engström also discusses the concept of division of labor which is the division of activities among actors in the system oriented to an object. This includes functional and hierarchical divisions (Canary, 2010a). Finally, there are rules (i.e., guidelines and/or principles) that enable and restrain actions toward both an object and relational regulations that impact relationships with other actors (Foot, 2001). Division of labor and rules are intimately woven together because division of labor divides the activity of a system and rules provide the guidelines for how the division of labor is accomplished.

One central component of CHAT is that it recognizes that there are conflicts and contradictions. Conflicts and contradictions are inevitable in the functioning of any system (Foot, 2001). Often seen as weakness in systems, Kuutti (1996) explains that "activity theory sees contradictions as sources of development" (p. 34). Contradictions are present when any outcome is trying to be achieved and they are indicative of opportunities that the actors involved have for developing and growing. The concept of contradictions will be discussed in the following section.

Structurating Activity Theory

Structurating activity theory (SAT) incorporates the "broad social action constructs from structuration theory" and "system-specific constructs" from cultural historical activity theory (Canary, 2010b, 186). This combination of structuration theory and CHAT explains how individuals construct, produce, transform, and interpret meaning that influences and is influenced by broader social structures and system elements (Canary, 2010a).

Structuration theory states that social structures, including families, both enable and constrain ongoing activity in social systems. It does not, however, place emphasis on working toward a purpose, or elaborate on division of labor and mediating resources. CHAT provides these missing components, but without structuration theory, it does not focus on rules that enable and constrain people within an activity system, nor does it mention the production and reproduction of the system or structure, nor does it address the interplay of influence from macro- and microsystems. Canary (2010a) asserts that:

> On its own, structuration theory does not adequately conceptualize materiality and the ways that material and nonmaterial resources influence system actions and transformations. Conversely, studies using only CHAT have primarily focused on elements of particular activity systems as explanatory mechanisms, often downplaying the important of broader structural features as activity systems intersect. (p. 29)

Whereas these theories alone do not provide a comprehensive picture of the interplay of action and structural influences, the combination of the two do. Additionally it explains the process of how mediating elements shape ongoing activity.

Structurating activity theory incorporates the notions from structuration theory that actors have stocks of knowledge (Giddens, 1984). It also includes legitimation, domination, and signification, as well as the production and reproduction of social

structures, and macro- and microsystems of analysis. From cultural historical activity theory, structurating activity theory focuses on the subject (person, actor), the community (the family engaged in ongoing activity), and division of labor (division of tasks to accomplish the activity of "doing family." It also includes rules (accepted practices for accomplishing the activity) and mediating resources (the material and nonmaterial resources that help families accomplish the activity) which enable and constrain action in reproducing and transforming structures.

The activity system is oriented toward an object (developing and nurturing family members) with an outcome as the goal (healthy and well-adjusted members of society). Individuals use structural resources through mediating elements of their activity systems (such as their families) as well as through those of intersecting systems (such as school systems). In the process the families produce, reproduce, and potentially transform broad social structure.

Families as activity systems. Although scholars do not always explicitly use the terminology of activity systems, their definitions suggest it as an underlying feature of much of family communication research. For example, Patterson (2002) argues that a family's purpose is to develop and nurture its members. Families oriented toward the goal of nurturing and developing draw upon particular mediating resources to do such. Ooms (1996) states that family formation/membership, economic support, nurturance/socialization, and protection of vulnerable members are four functions of families. A family fulfills these important functions for its members and for society through its mediating elements. For example, if a member of a family had a learning disability, other members of the family could provide protection for them by spotlighting

his/her strengths instead of their weaknesses and build their self-esteem. Families who are able to nurture and develop members will likely have members that are economically self-sufficient, can survive on their own, and have achieved a sense of self-actualization (LeVine, 1974).

Each family has different ways of developing and nurturing its members, and "doing family" can differ between cultures and families. Through communication, families form habits of daily life that create normalcy for them. Crafting what is "normal" is a fluid, ongoing process. Systems theory calls this homeostasis (von Bertalanffy, 1968). According to family systems theory, families strive for a sense of balance or homeostasis. Family members will implicitly, and at times explicitly, produce "a system of meanings that enabled them to maintain the mundane, the regularities in life that previously would have gone unnoticed" (Buzzanell, 2010, p. 3). Mediating resources enable families to create and maintain a state of homeostasis or normalcy. Normalcy is achieved through the division of labor, use of mediating resources, and communication with members of the community.

In times of crisis, the rules or dynamics of the family may need to be adjusted to focus on a new object/motive of an activity system (Foot, 2002). The direction of collective activity also changes, and families are required to make "fundamental choices with long-term consequences for the activity systems that threaten or promise (depending on one's point of view) a new form of activity" (Russell, 1997, p. 20). Decisions need to be made in traumatic times, sometimes quickly. These can include instrumental decisions, such as food, affective decisions, social decisions, economic decisions related to monetary resources, and technical decisions that facilitate larger decisions (Sparks,

2008, p. 2). Solomon and Siegel (2003) suggest that "when people are faced with a life-threatening or traumatic experience, they primarily focus on survival and self protection" (p. 170). An activity system identifies and works toward a goal communicatively (Russell, 1997), and the resources once available have to be negotiated between the members involved.

Contradictions. Contradictions emerge in activity systems and can provide opportunities for growth and development. Families need to address contradictions, once recognized, in order for growth and development to occur (Poole, Seibold, & McPhee, 1995). Structural contradictions are "oppositional tensions that exist in entrenched social structures and are inherent in societies" (Canary, 2011, p. 8-9). One example of a structural contradiction is the tension between autonomy and control. According to structuration theory, structural contradictions involve "opposition of structural principles, such that each depends upon the other and yet negates the other" (Giddens, 1984, p. 373). System contradictions are "oppositional tensions that are specific to particular activity systems" (Canary, 2010b, p. 187). They involve "contradictory but coexisting forces within system elements, among system elements, and between systems" (p. 87). Systems are embedded within a larger society, and as such, both structural and systemic contradictions are found within an activity system. There are four different system contradictions: primary, secondary, tertiary, and quaternary (Center for Activity Theory and Developmental Work Research, 2004).

Primary contradictions are inherent and oppositional tensions that exist within the individual elements or nodes of the activity system (Canary, 2010b). Primary contradictions converge "with the idea of structural contradictions, in that these

contradictions exist simply due to the nature of system features" (Canary, 2010b, p. 7). One example of this in a family coping with trauma is the tension of being open or closed about grieving.

Secondary contradictions are those that exist between activity systems elements (Canary, 2010b). When a family member experiences a life impairing accident, there is a contradiction in what the family's expectation of the hurt family member is and the abilities of the particular member.

Tertiary contradictions happen "when a more advanced object or motive is introduced into the activity" (Canary, 2010b, p. 188). When a tertiary contradiction enters an activity system, the activity system recognizes that they old ways of doing the activity will not continue to work. This is applicable to families and the process by which families "do family." When a family member is diagnosed with a life-threatening illness, there will be many shifts in how the family functions. The family recognizes that how they went about "doing family" prior to the diagnosis will no longer work. The focus of the family changes the way the family acts and orients toward a new object.

Quaternary contradictions emerge between activity systems when fulfilling the activity of one system impedes fulfilling the activity of another system (Canary, 2010b). Families are connected to many social systems. When a trauma occurs in a family, members of outside systems suggest how the family should cope with the situation. Outsiders may tell a person or family to forgive or move on quickly from the event they are still grieving. Both the family and those outside the system have ideas about how the family can best cope, but the ways of coping are not always compatible. The previous

scholarly literature on the topics of family, crisis, trauma, coping, and structurating activity theory lead me to the questions that will frame and guide my research.

Research Questions

This thesis was guided by four research questions. Theoretically they will extend the existing research of family coping following a trauma:

Research Question 1a: How do participants define "family?"

Research Question 1b: How do participant conceptions of family after traumas compare to pretrauma definitions?

Research Question 2: What rules and resources do family members use, reproduce, and/or transform during and after traumas?

Research Question 3: How do participant's narratives identify and manage the contradictions that arise during crisis?

Research Question 4: How do families cope communicatively during and after trauma?

CHAPTER 3

METHODS

Qualitative research was needed for this study because understanding how people cope, define families, and draw upon their resources would be difficult to obtain quantitatively. As mentioned previously, there is a scarcity of research that examines how families cope communicatively and adapt to life after a trauma. The research questions and theory used for this study lend themselves to qualitative research.

Qualitative research is centered on lived experiences, accepts the value of the context and setting, and seeks for deeper understanding. Scholars in this realm seek understanding by identifying similarities in meanings in both the process and phenomena participants experience (Bochner, 1985). The key to conducting research qualitatively lies within "the idea that meaning is socially constructed" (Merriam, 2002, p. 3). This methodology is focused on the words of the participants, and recognizes that the participants and researcher co-construct the themes that emerge in the research (Merriam, 2002). From the multiplicity of voices involved in qualitative studies, there are multiple constructions and interpretations of reality which change over time and space (Guba, 1981).

Researcher Positionality

My position as a researcher influenced this study in many ways. I chose this topic to study, in part, because I come from a personal background filled with traumatic experiences and I wanted to understand more about communicative coping. I view my research through a personal lens, a caring lens, and an application-oriented lens.

The personal lens comes from experiences and relationships I have had during my life. My parents divorced when I was a baby, and I was raised until I was a teenager by my biological mother. Her second marriage was to an alcoholic man, only lasting 4 months because he was so abusive. He would go to bars regularly, return home drunk, and beat my mother, siblings, and me. Her third marriage was to a man who mentally, physically, and sexually abused and assaulted my siblings and me. After enduring that abuse for 4 years I moved to live with my father and stepmother in another state. My father had been suffering from depression and when I was 13, he committed suicide. After his funeral, I lived for a time with extended family members and then returned to live with my stepmother. Living in that family dynamic had striking similarities to The Brothers Grimm's classic fairy tale, *Cinderella*. My stepmother abandoned me at 16 years old after deciding she didn't want the responsibility of me anymore. A friend of mine from high school and her parents talked to me following my stepmother's abandonment and told me that I could live with them. Not only did they provide a home for me, they included me in their family. I lived with my adopted family for a couple years before leaving for college and when I go "home" for the holidays, I visit them.

While my experiences growing up were very difficult, I look back now at that time as one of the greatest blessings in my life. I continue to learn from the many forms

of family I have experienced in my life. I learn from the bad and hold onto the good experiences. For me, life truly began at 16 when I became part of a family that loved and supported me. They taught me what it was like to feel "nurturance" and "development" in a family. I now try to apply what I have learned and continue to learn from my adopted family in my own family now with my husband.

My experience of "family" has been unique and has led me to my research topic of family trauma. I know that my experiences influenced the questions I asked, how I interacted with participants of the study, and how I analyzed the data. I view my experiences as strengths. I feel like I have learned a lot from my experiences and can share the knowledge I have gained with others. Through a lens of caring, I was able to relate to a lot of the feelings and emotions participants talked about because I have experienced a lot of different forms of "family" and a lot of different types of traumas in my life. There is so much that people can contribute if given the opportunity, and this study has given participants the chance to share what they have learned.

This research also has practical applications and suggestions for coping in times of trauma. It is useful and meaningful for others and me. During the interviews, I listened carefully to participants' stories and helped them feel important and special. This form of reciprocity was therapeutic by allowing participants the opportunity to think through their experiences in a new way and to better understand some aspects of themselves (Glesne, 2006).

Additionally, I considered my relationships with some of the research participants as strengths. Because participants were identified through my social network and snowball sampling, I knew some participants outside the context of this study. To avoid

making unproductive assumptions, I listened carefully and probed thoroughly. I asked participants to talk about topics as if I did not have any prior knowledge of the topic so I could record a more comprehensive interview. Because I had experienced many adverse situations, I was able to help participants open up and share their thoughts and feelings with me. Having had some similar feelings and experiences allowed the interview time to be spent on the rich details of people's narratives rather than on superficial questions. I sought feedback on the transcripts from each participant to avoid misrepresentations. As I interviewed people, I wanted to avoid retraumatizing them. I wanted the experience to be positive for everyone and understood that through the experience, my values, attitudes, and understandings would be changed (Glesne, 2006). Part of my reflexivity was gathering, analyzing, and interpreting the data through the lens of structurating activity theory rather than through personal relationships with the participants.

Participants/Sampling

This study focused on identifiable traumas that resulted in disequilibrium and disorganization (Patterson, 2002). These were events participants recognized as different, sudden, and/or harmful, in which the family could not function in the same manner it had before the trauma (James & Gilliland, 2001). People were recruited for the study who had gone through any of the following traumatic experiences in the last 5 years (but more than 6 months before the study): nonchronic psychological, physical, or sexual abuse; nonchronic violence; living with household members who were nonchronic substance abusers, mentally ill, suicidal, or imprisoned; sudden onset of a life threatening illness or experience; a life impairing disability or participation in combat (Felitti et al., 1998).

Experiences that have been characteristic of a family over a long-term basis, such as abuse over many years, alcoholism, or similar chronic situations, were not included.

Participants were identified through my social network and by snowball sampling (Marshall & Rossman, 2006). Fourteen people agreed to participate in the study, including 5 males and 9 females. All participants were Caucasian. Ages of the participants ranged from 22-79, with the average age being 31 years old. Levels of education ranged from 3 participants having a high school education, 6 having had some college, and 5 having a college degree.

A variety of traumatic events are represented in this study. Four participants focused on an untimely death of a family member. Eight participants spoke of a sudden onset of illness or disorder which included cancer, suicide attempts, short-term memory loss, and pulmonary fibrosis. Two of the participants talked about life-changing accidents. Most participants (10) spoke of their experiences when a traumatic event happened to another member within their family system. For example, a sister spoke of when her brother committed suicide, a daughter recounted when her mother was diagnosed with cancer twice in a 4-year period, and a wife shared when her husband unexpectedly passed away. Importantly, these participants experienced the impacts of the traumatic event; however, the actual event (i.e., the suicide or cancer diagnosis) happened to another member of their family. Four participants shared when the traumatic event (such as the life-changing accident) happened to them personally. For example, a woman talked about her diagnosis with stage 4 breast cancer and a man discussed his admittance to a psychiatric ward four times in 4 months because of his suicidal tendencies. This is outlined in Table 1 (all names are pseudonyms):

Table 1
Participants, trauma, and size of family map

Name	Sex and Age	Types of Trauma	Pretrauma Size of family map	Posttrauma Size of family map
Mia	Female, early 20s	Brother committed Suicide	13	14
Chelsey	Female, late 20s	Semi Tires hit her car while she was driving on the freeway	13	13
Phil	Male, early 30s	Sister dies of CO2 poisoning	8	9
Madelyn	Female, mid-30s	Sister in law dies of CO2 poisoning	18	18
Kristi	Female in early 20s	Diagnosed with Stage 4 Breast Cancer	11	11
Adrianna	Female, mid 20s	Roommate diagnosed with Stage 4 Breast Cancer	6	6
Matt	Male, late-20s	Short Term Memory Loss Resulted in ECT scans following a divorce	5	7

Table 1 continued

Name	Sex and Age	Types of Trauma	Pretrauma Size of family map	Posttrauma Size of family map
Candice	Female, mid-20s	The short term memory loss of ex-husband following their divorce	11	10
Lance	Male, mid-20s	Attempted to commit suicide four times in four months after being forced out of his home by his family	20	9
Amber	Female, late 70s	Husband diagnosed with one illness, but unexpectedly dies of a different illness	21	21
Shawn	Male, mid 20s	Wife in bad car accident	35	35
Bridget	Female, mid-30s	Newborn in NICU	18	18
Sam	Male, mid 30s	Newborn in NICU	18	18

Table 1 continued

Name	Sex and Age	Types of Trauma	Pretrauma Size of family map	Posttrauma Size of family map
Jami	Female, early 20s	Mother diagnosed with uterine cancer twice in four years	8	7

During the interviews, participants were asked to draw what their family looked like before the traumatic event occurred (pretrauma) and after the event (posttrauma). The last two columns of the table refer to the number of circles that participants drew on their family map. For example, Lance wrote 20 people on his pretrauma family map and 9 people on his posttrauma map. However, there were instances where participants would write down a group of people in a circle instead of a specific name. For example, Phil included 8 people in circles on his pretrauma map. One circle named his mother, one circle named his father, and another circle named his wife. However, one circle had "siblings" on it, another had "high school friends," and another said "neighbors," not reflecting the exact number of people who are part of his family, but providing a look into how he defines his family.

Data Collection Procedures

I used in-depth interviewing for this project. The primary goal of in-depth interviewing is to achieve a holistic understanding, and a deep meaning of events and experiences in participants' own words (Marshall & Rossman, 2006). In-depth interviewing is a technique that is designed to elicit vivid imagery and pictures of the participant's perspective on the topic (Kvale, 1996). I viewed participants as experts in knowledge sharing and understanding. As a researcher, I was motivated by the desire to learn everything participants were willing to share on the subject.

Standardized open-ended interviewing helped maintain consistency throughout the interview process. This strategy includes a set of open-ended questions that limits the variations in the questions posed to the interviewees (Patton, 1987). The wording of the questions was structured, but allowed for open-ended responses. Through open-ended

questions, participants contributed detailed accounts of their trauma experiences. Participants provided similar data that helped in the thematic analysis. Standardized open-ended interviewing also limited my bias by asking the same questions to all participants. This was an effective way to collect data because it allowed participants to talk about their personal opinions and experiences, as well as a way to gain insight into the ways they interpret and order the world.

Structurating activity theory investigates the activity system through an individual's perspective. Through the subject, scholars can see the "object–oriented human practices and the social dynamics" that impact the entire system (Groleau, 2006, p. 157). The interviews were conducted on an individual basis with 10 of the participants. Two couples chose to have the interview together. In all, 10 family systems were included. For 4 of the families, 2 members participated.

All portions of the study were approved by the Institutional Review Board and participants read and signed consent forms. After the interviews were conducted, pseudonyms were used to protect the identity of the participants and family members.

Interviews lasted between 45 minutes to an hour and a half, with the average interview length at 1 hour. I audio-recorded and transcribed all the interviews. I also took field notes, which were used to provide a context for the interviews. See Appendix A for the interview protocol.

Data Analysis

Each audiotaped interview was transcribed verbatim as soon as possible following the interview. All audiotapes were given a number code and transcripts were identified with the corresponding number code.

One of the most fundamental and important decisions I made during the early stages of data analysis was the decision to unitize the transcripts as phrases with independent meaning (Weber, 1990). They represented a single thought that could be interpreted on its own. Here is an example of 1 participant who felt regret after not being able to say goodbye to his sister, “But, I guess, going back to my sister, it’s definitely hard, I wish I could have done something, or say goodbye to her, I think that’s the hardest part.” The smallest amount of meaningful text was used that would give words appropriate meaning. For example, the word “no” is a single phrase but holds no meaning without the surrounding narrative.

Categories were developed using the constant comparative method (Glaser & Strauss, 1967; Lindlof & Taylor, 2002). Using NVivo 9.0, a computer program for Qualitative Content Analysis, coding categories were generated. NVivo assisted in organizing, managing, and coding qualitative data efficiently. This type of analysis emphasizes patterns, categories, and rich description of the text (Patton, 1987). This is described by Strauss and Corbin (1990) as open coding, "the process of breaking down, examining, comparing, conceptualizing, and categorizing data" (p. 61). Additionally, Owens (1984) used three criteria when establishing a theme in qualitative research: recurrence, repetition, and forcefulness. Forcefulness was denoted through font changes in the transcripts, (i.e., Um, well my personal, like, definition of family are, th-the people

that are blood related to me, because that's, really, THOSE people ARE my family), and some words were counted when they were repeated across the interviews. For example participants used the words "loving" and "supportive" 21 times each throughout the interviews to describe what a family was to them.

Open coding resulted in 184 codes. Axial coding was used to connect categories and form a more complete and precise explanation of the trauma (Strauss & Corbin, 1998). Axial coding relates categories to subcategories that form "more precise and complete explanations about [the] phenomena'' (Strauss & Corbin, 1998, p. 124). Categories were explored in greater detail to see if they were interrelated or linked to each other, and analyzed in terms of structurating activity theory. These codes were categorized into 6 axial codes reflecting constructs of structurating activity theory: contradictions, coping communication, during trauma narratives, post trauma narratives, pretrauma family definitions, and posttrauma family definitions. The axial coding process resulted in 108 child nodes and subthemes ranging from communication about coping after a traumatic event (i.e., invisible marks of trauma impact quality of interactions between community and subject), to contradictions that emerged during trauma (i.e., trauma changes everything). The results will be presented in Chapter 4.

CHAPTER 4

RESULTS

This analysis focuses on participant narratives of family and trauma and illustrates mediating elements used in family systems during and after traumatic events. The patterns of defining family pre- and posttrauma, coping communicatively, rules and resources used during and after trauma, and managing contradictions demonstrate structuration. These patterns will be addressed in the following discussion regarding each research question.

Defining Family

Research Question 1a asked, "How do participants define family?" Participants were asked a number of questions that explored both their definitions of family and the types of interactions they have with family members. When asked how participants would define family, 7 responded with definitions that are consistent with a structural definition of family and 7 participants defined family with views associated with a role-based definition of family. Seven participants referenced the structural definition of family 45 different times total that included some of the following examples:

> Adrianna: I guess that my view of the family is more traditionally a mom, dad, brothers, and sisters, and not so much friends, mentors, etc.
>
> Amber: I always think of family as a group of people, I usually see them as having children and spouse, a husband and a wife. It doesn't have to be that way but that's the first thing I think of when I think of a typical family.

One participant in particular emphasized very strongly that the people she is blood-related to are the people she considers family:

> Mia: Um, well my personal, like, definition of family are, th-the people that are blood related to me, because that's, really, THOSE people ARE my family. Like I can understand the other, you know, if you grew up with them, or if you're adopted. Er. Like that kind of thing. And so I guess it would be kind of hard 'cause there's so many definitions, so that I would probably do the people that either you grew up with for an extended period of time, or the people that are blood related to you. Or both, I guess.

In contrast to the structural definition of family, participants referenced role-based definitions of family 25 times, illustrated below:

> Chelsey: I don't just think of my biological, I, um, specifically, lived with other people, but I, um, both of my parents have been remarried, or so called remarried and uh, so there's another parent that's not really your parent and yeah, so I've had those types of things…And then, um, I had friends that I think have been, I wouldn't say authoritative, but they have been influential, kind of in that same way. So.
>
> Jami: I'd definitely say both friends and family, well biological family, and just friends, so.
>
> Matt: I guess an example would be how some of my friends and it's not just my friends, but my friend's parents have taken me in as one of their own and treat me as one of their own.

Many participants struggled to clearly define what family is. Some referred to friends as "like family," and included them in the family maps they drew; at the same time, they defined "family" with a structural definition:

> Kristi: I was thinking well Adrianna, for example, she's like family to me. She's my best friend and some other people--the guy that I'm dating right now, he's kind of like family to me because he's always there for me. I term those as close friends. You still have other people that are close to you, that are like family, but they are close good friends that are there for you. In the end, whoever you love and care about, that's what's important, I think.

While Kristi called Adrianna and her boyfriend "close friends," and people that are "like family," they still ended up on her family map even though she claimed to use a structural definition of family. Another participant wrote the names of two close friends on his map and then crossed them off his map. When asked why he crossed them off, the participant responded:

> Shawn: Well, I was just kind of thinking here are the people that I'm really close to and you know, I consider family. And then I wrote down Chris and Conner cause I really am close to them, they're my friends from, you know ever since I was a kid. But I crossed them out cause I just was thinking, well, I probably need to make a line between family and friends and associates you know, so…That's why I crossed them out.

These participants highlight the struggle that they have had personally when defining family, which is reflective of a larger structural contradiction in society of how to define "family." These changes, as exemplified by 7 participants who defined family as role-based, have resulted in complicated networks of family relationships which include blood-related family members and people with whom the participant has no biological or legal ties. These complex networks affect the form and content of relationships. Structural contradictions will be addressed in Research Question 3 regarding contradictions.

Interestingly, in all of the interviews, participants spent little time focusing on definitional terms of family. Rather they focused on the types of interactions and communication they had with their family. This supports the idea that the definition of family is evolving from the structural definition of family to a family which is created and co-constructed through communication and interaction. While there were 69 instances in the interviews of definitional descriptions of "family," there were 232

references to the types of interactions that described what a family is and is not to participants. Participants talked about the words, situations, and feelings that came to mind when they heard the word "family" and expounded on the characteristics that make relationships with family members different from people outside their family. In this section, four categories of family descriptions within the dataset are explored, including love and support in a family, intimacy in family, tolerance of imperfection, and obligation to family activity. Each of these categories also contrasts how interactions with people outside their family are different from people inside their family. These four categories were found to be prevalent whether the participant was using a structural definition of families or a role-based definition.

Love and Support

When participants were asked what words described family, overwhelmingly they responded with the words "love" and "support," which were referenced 21 times each throughout the interviews.

When participants stated that love and support were felt in their families, their evaluation of their family was more positive. These participants felt more unity in their family, more stability knowing their family was there for them, and they were able to get through traumatic events easier:

> Shawn: Well I think about when I got married to my wife, just the day we got married, I think of the people that were there, and I think of the feelings that I had and I think about the, I think about her face and how she was smiling, and um, I just felt just a big sense of unity with everybody there and um, support. I felt support from both my in-laws and my immediate family.
>
> Mia: They are there through anything, whatever happens, they are always there because they are the first people that you go back to is family. They are your core, your support system.

Not all participants experienced love and support from family members. Participants who did not feel love and support in their family expressed negative evaluations of family, and talked about how an ideal family would be one that had unity, stability, love, and support:

> Lance: I thought they were going to love me no matter what. No matter how bad I mess up, 'cause I do it a lot. An ideal family is one where people are getting along and actually showing love for each other, being there for each other, keeping your promise when you say you're going to do something. Supporting someone when you are having a hard time, and don't kick them out when things are getting hard.

Through this narrative, it is evident that Lance has ideas about what an ideal family should be like, one of love and support. Matt, who suffered short-term memory loss after he and his ex-wife divorced, could not agree more:

> Interviewer: When you think of the word family what words come to mind?
>
> Matt: My family? Or how a family should be? I think the ideal is one of security and unity.
>
> Interviewer: So when someone says your family, what thoughts come to mind?
>
> Matt: Why couldn't I have that stability and unity? It was why couldn't I be given something more stable to hold onto?

Structurating activity theory states that an activity system has an object that it is working to achieve. The object of a family is to nurture and develop its members. Interestingly, even when participants did not have feelings of "love and support" in their own families or see the "nurture and development" object in their particular system, they still defined the purpose or "activity" of families in that way. This is indicative of a broader structural resource for how to understand what families "do."

Intimacy in Family Life

The idea of intimacy in a family was expressed by participants and referred to as emotional closeness. Intimacy in a family was determined by how much time a family spends together, how close individuals lived in proximity to their family, and individuals who felt like family members knew and understood them had more intimacy in their family.

The degree of intimacy was reflective of the amount of time the family spent together:

> Madelyn: You know, it's a family unit, together. They just go hand in hand, it's something that's cohesive, a cohesive unit and…probably just time together. Like when you have time, that's where you want to be, with your family. The family always wants to be together.

Participants closely associated their quality of communication with the amount of time they spent with family members. When participants spent more time with family members, they expressed that their relationships with family members were stronger:

> Bridget: One thing that makes family different is that you are through them, you are with them through everything. From the mundane boring parts, to the work parts, to the stress parts, to the incredibly joyful parts, you just see the whole spectrum of emotions that you share with them and activities that you share with them, and through those things that's where you get the love and desire to serve them, so.

Conversely, when participants expressed strained relationships, it often reflected that little time was being spent cultivating the relationships with people within and outside their family:

> Shawn: So I consider my wife family not only because we were legally married, but because we really are close. And uh, whereas, um, my wife's biological family, I don't necessarily consider them family because we're not close. And I really haven't strived to get a really good relationship with that part of her family.

> But her adopted family, I have. And I really feel, I feel uh, connectedness with them, and I feel closer to them.

Intimacy and time spent with family members was also dependent on how close participants live to family members. Members who were closer in proximity were closer in intimacy. When families are closer in proximity, it allows the activity system to more easily engage in activity, communicate, and work toward their family object of nurturance and development. One participant spoke of how she had a harder time connecting with her older brother because he lived far away from her:

> Mia: I feel closer to Tonya, even, his wife, but they live far away, like we don't ever talk on the phone. Like he hasn't been here like, you know, we do like family stuff and he's not here so I don't have any serious talks with him.

Finally, intimacy was also felt by the participant when s/he felt like the members of the family knew and understood them. When this was the case, participants did not feel like they had to explain everything to their family because family members "get it" already:

> Kristi: My family, my biological family, they know me, they grew up with me, they know my flaws, they know what I'm good at, they know what I like, they know what I don't like. Your home relationships are more, you kind of know everything about me, I don't need to try and impress you. I don't need to do anything to make you think I'm a different person.

Intimacy was a central theme that participants talked about as they described their family. These excerpts from participants' interviews about intimacy demonstrate further that family is defined as something that is co-created and based more on interactions rather than defined merely by blood relations. Although the ideas of love, support, and intimacy are affirmative views on the family, it does not mean that families are without

challenges and imperfections. Rather, participants described how their families have strengths and imperfections that they have to work through.

Tolerance of Imperfection

Participants recognized that they had to deal with the imperfections of those they considered to be family members. Kristi felt that she has tried to look past the flaws of family members:

> Kristi: It runs deep with me. It's not something that I can just sever. Like if they say something mean to me, it will just tick me off and I won't talk to them. It's not, I don't know, it's something, I try and see past their flaws and love them anyway. Whereas, when it's not family, it's a little bit harder to do that because you don't know what their background is or where they are coming from. I try to, in every possible situation, and try and look at it from their angle, but family relationships are, to me they are kind of unbreakable. Like you can't sever them.

The notion that relationships with family members are unbreakable and cannot be severed alludes to two ideas. First, there is an obligation to tolerate the imperfections of family members, and second, there is an understanding that the relationship is not going to end regardless of actions taken by family members. Mia shares this idea through the following excerpt:

> Mia: I feel relationships within my own personal life, with my family members are permanent. Like, if you fight and stuff, like, you have to work it out because they're not going anywhere, whereas, um, a lot of times, with like, friendships that don't go as well, I find myself, easy to cut them off then like, you know, move onto a new friend, but I would never find myself trying to find a new sister or a new brother, you know.

Tolerating imperfections of family members appeared in both types of family descriptions, biological and role-based. Through the lens of structurating activity theory, it could be argued that once the community of people (the family members) are identified by a subject (the participant), the subject will enact forms of tolerance to keep the system

intact, whether their ideals of family aligned with the structural definition or role-based definition of family. Mia's comment exemplifies this idea, stating that she easily replaces people outside her family if things do not go well, but with family she feels a sense of permanence and obligation to them.

Obligation to Family Activity

The fourth idea that emerged from the interviews was one of obligation to family. Participants felt an obligation to help family members, at all times, under any circumstances:

> Amber: I think that you have friends and activities with others, but if you find something in your family that needs to be taken care of, I feel like that's your first obligation. When you have the things happening in your family, your first obligation is your family and that's the way that you have to do it.

Theoretically, this points to the idea that the obligation to participate in the activity and division of labor in a family supersedes the obligation to people outside the family. For Amber, it seems like it was not only an expectation, but a rule, that family was her first obligation. When something needed to be taken care of in the family, she felt a responsibility and obligation to do it, and do it first. Obligation to family was especially true when participants talked about going through hard times, as shown in these two comments:

> Phil: With family, there is a more deep relationship, there's just no question that when something bad happens that they should come or whatever.

> Matt: Uh, I guess for me, I look at family, or those I would call family are those who would stand by me no matter what. They are those I could call in the wee hours of the night and be willing to drop whatever they are doing to help. And I, but it isn't just that, but it is the assurance and strength that they give, it's always them going out of their way to help me but knowing that that support is there.

Phil's and Matt's comments highlight that family members, the community of people, should be there for them as the subject. Along the same lines, Sam highlights the idea that he as an individual needs to be there for his family:

> Sam: I mean you are there for your coworkers and there for other people, like, you know, something happened to them, or whatever, sorry they got hurt or whatever, heard that somebody died in your family, or whatever, you're like, you know, pat them on the back kind of a deal, you know. When it's your family, you're right there in the thick of it for whatever you are going to have to go through.

These comments show reciprocity of obligation to family activity. Phrases such as "there is no question," "always them going out of their way to help me" and "you're right there in the thick of it for whatever you are going to have to go through" point to an unwritten rule that when traumatic events happen in families, you are there for your family, and they are there for you. Theoretically, this relates to the role-based definition of families where family members support one another, and help one another. The dataset revealed that there was an expectation to be there for one another and an obligation to help family, especially in times of trauma.

For participants of this study, family was based more on descriptions of interactions rather than definitions. They point to the idea that a family is a place where one can feel love and support and that intimacy can be felt through communication and spending time cultivating relationships. There also is a need for tolerating the imperfections of family members, and an obligation to family activity. The results of this section indicate a structural contradiction exists in society where people are focusing on the process of communication and interaction of family systems rather than the compositional makeup of the family. This will be detailed in Research Question 3.

Posttrauma Family Descriptions

Individuals and families who experience traumatic events are changed in many ways. A family that goes through a traumatic event will never be the same as it was before the trauma (Patterson & Garwick, 1994). People's attitudes, beliefs, behaviors, and feelings change as a result of their experiences (MucCubbin & Patterson, 1983). This section of the analysis answers Research Question 1b that asked, "How do participant conceptions of family after traumas compare to pretrauma definitions?" Three themes emerged concerning this question: how the definition of family was redefined by the trauma, family means the people you can rely upon, and feeling as though they "didn't have a family anymore" after the trauma.

Trauma Redefines Family

Trauma redefined family for all of the participants. When Jami's mother was diagnosed with uterine cancer, she felt as though her mother's cancer saved her life:

> Jami: And having to rely and realize, actually the cancer, when I look at it, even though it's been hard, I think cancer saved my life, my mom's cancer. It liked pushed me, wake up Jami, you need to figure out what life's about, like what you think about it…when my mom gets cancer.

Trauma caused Jami to reflect on life, reevaluate her relationships, and figure out what life was about. Shawn said after his wife was in her car accident that it impacted how he viewed his relationship with his wife:

> Shawn: it's kind of like, my perspective on family has like shifted roles in the family…I just tried to really help my wife, cause I want to fulfill my marriage vows with her, you know in sickness and in health. I mean, you know, just really stick by her, really help her out. And I think maybe in the process of doing that my focus did shift and I don't know if it was, it wasn't a conscious effort but it happened.

For some, posttrauma descriptions of their family were positive, demonstrating how a family can become stronger in challenging times. This was the case for Mia when her brother committed suicide:

> Mia: I feel like, like it's sad almost, because you like, but I think sometimes, like, well you learn in class and stuff you either like, a lot of times when people go through a death…they either get divorced or they get closer and like with my family, like, I know it's because of this tragedy, like I know, not that if my brother was still alive that we wouldn't be close 'cause we were always close, but like having that happen, like death, it's made my family a lot closer.

Even though the trauma was very difficult for Mia and her family, she recognized that it helped her family to be closer together. For participants like Mia, family became the people you could depend on in times of trauma. Amber shared similar thoughts when her husband died unexpectedly:

> Amber: Yeah, not talking specifically, but it's brought me closer to the children because they are trying so hard to keep me happy so we see a lot of each other.

Amber's children were there for her when she needed them, and in the process; it brought them closer as a family. When individuals knew that family members would "be there" for them, they described their relationships as stronger, closer, and felt more love from their families. Again this reflects concepts of role-based families where family members support, love, nurture, and develop one another. Phil and his wife, Madelyn, shared how their family became stronger after Phil's sister died from CO_2 poisoning:

> Phil: as far as relationships in my family, my dad said it's kind of like miracle growth for our family. It's really brought us close, um, it's neat to see how it came to be.
>
> Madelyn: Anyways, um. I just think it's, like Phil said, there is just a lot more love. Um, I think it helps us be more appreciative to each other. It's been nice, it has strengthened our relationship, you know, been there for each other.

Sometimes it takes a traumatic event to realize what another person does for us and how much they mean to us. Matt left Candice when their daughter, Elizabeth, was 2 months old and their son, Seth, was two and a half years old. Matt recalled that following his divorce from Candice, it was Seth who helped Elizabeth recognize that Matt was her dad and that he was an important figure in her life:

> Matt: But Seth [my son] has helped a lot for her to know that I'm Daddy and that I'm there for her also. And so now, when I call, I hear in the background, "I talk, I talk" and so she wants to be, that she realizes the importance that I am for her.

A second example is when Sam and Bridget's third son was in the Newborn Intensive Care Unit (NICU) and Bridget recognized how much she depended on her husband for emotional support. The majority of time their baby was in the NICU, Bridget stayed at the hospital while Sam split his time between the hospital and staying with their other boys at home. After a night of being apart, Bridget recognized how much she missed her husband and shared what it was like to see him one evening:

> Bridget: I remember when like he came back on Saturday. He told me that he was coming back that night, I think that he told me he was going to sleep over, but I missed that part so I thought he was coming when the boys went to bed and he was going to be with me for a few hours and then go back home. And I remember he came, he brought pizza, we were able to go to the parents room and we ate and um, I remember just talking to him and laughing [She began to cry] and just realizing how much he is there for me and how much he lightens my load and that was just amazing, just that hour that we sat in that room and ate, how much better I felt after that, oh he makes me laugh.

Unfortunately, not all families grew stronger and closer. For some participants, communication became more distant and sparse following the trauma. Matt shared that after his divorce to Candice and suffering from short-term memory loss, there were a lot of changes in his family relationships. He said while there was some communication with family members before their divorce, there was little to no contact after:

> Matt: There's definitely been quite a bit of changes. It used to be like some communication with my siblings or aunts and uncles or cousins, but the last 6, 7 months there has been little or no contact from any of them, save my mom.

Likewise, other individuals felt like their relationships with family members worsened following the event to the point that some felt like they did not even have a family anymore and had to let them go. Such was the case for Lance who suffered from severe depression after being forced to leave where he was living. At that point, whether by a forced decision or not, Lance felt like he needed to let his family go in order to cope with his depression:

> Lance: But the problem was with my family, my family couldn't accept my choices. So they would just like push me aside and let me go and let me do it on my own, so I just chose to not, I mean they stopped me from, like growing, they were like a barrier for me so I had to let them go just to get through my depression.

Lance felt like his family was a barrier for him and that he couldn't progress with what he felt were harmful influences in his life. Jami felt similarly after the relationship she had with her mother became very strained following her mother's diagnosis with cancer:

> Jami: This sounds crazy, but the hate I could feel from her towards me, I felt like I gave her cancer. I know I didn't but that's how she made me feel. I felt like she put all her angry feelings of the cancer on me… I don't know. I felt like crap, I hated life. I didn't want to go home ever. I didn't have a family anymore. So I felt like I had the best family and then not having one, and then having one that hates you is a really big contrast.

When families were there for each other during traumatic events, their relationships were more solidified and became stronger, reflecting the theme that a family includes people you can depend on. Conversely, when individuals felt like family members did not take time to communicate with them or became a barrier to what they were trying to accomplish, it felt like they lost their family. Worse yet, some participants felt like they did not have a family anymore following the trauma. These themes reinforce the idea that

family is something that depends far more on co-construction and creation than on structural ties and definitions.

Mediation and Structuration in Family Trauma

Research Question 2 asked, "What rules and resources do family members use, reproduce, and/or transform during and after trauma?" To answer this question, participants were asked to talk about the people who were there for them, which resources they had available to them such as financial support, support from people outside of their family, informational support, counselors, and friends. To better understand which resources were beneficial, participants were asked which were most helpful and which were least helpful during and after the traumatic event. Participant trauma narratives illuminated the mediation and structuration of family trauma experiences.

Community

It is common for people who have experienced traumatic situations to have very strong emotional reactions and interactions with other people. The mental snapshots taken during times of high emotional impact and involvement become our deepest memories (Rogers et al., 1999).

As participants talked about the most difficult and best moments of their traumatic experience, interaction with community members was of great importance. The community is the whole group of people engaged in accomplishing the activity. In the case of family, "community" is other family members. An individual's family shapes

how they feel and cope with the traumatic event. Mia shared a vivid interaction she had with her brother just before he passed away:

> Mia: Um, it's actually, like what I remember the most about that time is like, actually right before he died. Like, just memories that I have. Like whenever I think about that time, like I think about, like there was a Sunday where we went to church together, like the Sunday right before he died and like, he [Mia started crying] he, um, like, would never like sing in church and stuff and like he was so happy and he was singing and stuff and for my brother that's like a big deal. Cause like sometimes I wouldn't even sing cause I don't think I have a very good voice, you know, but my brother was like, so he was singing and he was happy, and he was like talking to people at church. Like, um, and so that stands out to me.

For Mia, this memory of her brother is such a happy one and stands in stark contrast to how she felt the week following this interaction when he died. For other participants, the focus was on what they were able to do with a family member during the traumatic event. Kristi explained that the day she was diagnosed with stage 4 breast cancer was both the worst and best day for her, the morning being the worst part of the day, and the rest of the day being the best day:

> Kristi: I remember the rest of the day, from noon on, I skipped some of my classes and Henry was done earlier so we just spent the whole day together. We went out to lunch and then we went up the canyon and then we went to the temple. It was just, it was a good day, just knowing that something bad just happened to me. Something really, really bad and devastating just happened, but that I could still be happy through it all. And that's kind of been the focus of mine since this has happened, finding happiness.

Not all interactions with community members were as positive and happy as Kristi's and Mia's stories. Participants faced really complicated choices and needed to have very difficult conversations with community members. For Candice, it was heartbreaking to have this conversation with her then husband, Matt, just before they divorced:

> Candice: So then later, one time, he was laying on the couch and was watching a movie and he paused it, and I said to him you know earlier when you said that about me having the baby too fast, it really hurt, and I said to him, I want you to

> love our kids as much as I do. And at that point he said, [Candice started crying] "How can I love anybody when I don't love myself?" And I felt like somebody stabbed me in the stomach. I started heaving, I had to go because I felt like I was going to puke because that was it. I was coming to him to tell him my feelings, for support, and I didn't get any in return, and obviously that was a depressed person I was talking to, but it was really hard to hear that.

The members of the family activity systems were important to shaping interpretations of the trauma, they were important resources for coping, and interactions with other members highlighted both supports and difficulties inherent in doing family.

Division of Labor

Several themes emerged regarding participants' views on division of labor. There were various ways that division of labor mediated trauma experiences. One way division of labor mediated trauma was through traditional sex roles. During trauma, participants relied on traditional sex roles regarding division of labor and this caused problems in one family in particular. Candice shared when she felt she was expected to do all the work around the home and she disagreed with that. She felt like her ex-husband should have contributed more with household chores.

> Candice: You can go to work and then take a break, an hour or something, and then you shift to being a husband and father, supporting the wife. The mother works all day and gets up in the middle of the night, what do you mean you went to work all day, that's not enough. That was Matt's defense a lot of the time, that's all he felt like he was expected to do. So I felt like I had to wait on him. I felt like I was serving him. He used to brag about what I did when we were dating, and then it wasn't enough, but that's what flooded into my mind.

Additional themes emerged that supported the adherence to traditional sex roles such as one roommate being responsible to take her roommate with cancer to her appointments, and daughters arranging to take meals daily to their mother/mother-in-law after her husband died. Previous research shows that women do the vast majority of care giving

(Wood, 2008). This is referred to by some as the "cult of domesticity" where mothers are positioned as the source of nurturance (Arnold, 2008; Chang, 1994). These examples reflect the broader structural expectation that women are the primary caregivers in families and these participants are reproducing this expectation.

Mediating Resources

Material and nonmaterial mediating resources were influential during and after trauma. There were three mediating resource categories that emerged from the data**:** the reification of money and time; informational support about the trauma; and faith.

Several participants mentioned that limited time and financial limitations were difficult to deal with after a trauma. Time and money were closely intertwined with each other. Participants often mentioned both in the same comment. One example of this was from Chelsey. After her car was hit by the semi-sized tires rolling down the freeway, she had a lot of complications in her back. She had to use her vacation time from work to go to multiple medical appointments a month that financially strained her:

> Chelsey: Um, I find that I use a lot of my vacation time doing medical visits. It becomes your hobby. I go to, I don't know, eight medical visits a month. I go to, or I go to physical therapy, or something. Financially it's tough, I have to get massages. It's not a bad thing, it's good, but I have to do that once or twice a week-it gets to be 400 bucks a month. And that's just hard to pay, you know. So I think it just gets its way into every part of your life, but not in drastic ways so you can't really be mad about it, but it adds a little bit of strain, you know.

Through their narratives, participants reified time as if it had the same material and quantifiable characteristics as money. They talked about how the traumatic event "shortened their time," "we didn't have enough money" "I didn't have a moment to get a breather" and in order to cope, participants had to take "one thing at a time."

Participants also talked about how informational support was helpful depending on who they received it from. If the participant found it themselves, it was acceptable. Kristi found herself a book about breast cancer and Candice found *The Five Love Languages*. Likewise, if the participant was given the information from someone in their family, it was beneficial. Madelyn was given a book about life after death following her sister-in-law's death. Mia remembers the books her mother gave her after her brother died:

> Mia: Well my mom actually gave all of us, like, it was like three different books, my mom gave us all. Like one about grieving, one about suicide, and one about the afterlife. So, um, I didn't, the only book I read was the grieving one and that's because it was in cartoon form and it's called Tear Soup and it was about like people don't understand, you know them, but your soup is gonna taste different than everyone else's.

While participants accepted the information from family members and themselves, they were not so ready to accept information from people outside their family. Mia shared that if "someone had tried to give me a pamphlet or something other than my mom I probably would have punched them."

The concept of faith as a mediating resource emerged through the participants' narratives. It is interesting to note the focus that participants placed on faith following a traumatic event. There were only 6 references about the role of faith during participant's traumas and 37 references to faith in posttrauma narratives. It seems that when people go through traumatic events, they reassess their beliefs and faith. Before Jami's mother was diagnosed with cancer, she said that it was "an interesting time for me, like spiritually, because I wasn't really sure about life and religion and different things." After her mother's diagnosis, she took time to think about her faith. Sam and Bridget believed that knowing that Heavenly Father was watching over them was helpful because "he came in

at a critical point for us when we were at our mental end and answered our prayers at that time." Amber shared that even though her husband died quickly and unexpectedly, "we were very grateful to Heavenly Father that it went fast." Faith was shown to be important following the traumatic event of families.

Rules

In the analysis, one theme emerged with regards to rules during trauma. During traumatic events, participants withheld information from members of their family. Two examples of this were referenced in the interviews. Mia spoke about how her brother withheld the fact that he had been doing drugs. He had lied to Mia about it:

> Mia: He had told me, like, one time he told me, he had told me that he had stopped doing them but he had been smoking weed to go to bed at night and doing cocaine to wake up in the morning.

When participants wanted to spare their loved one the potentially painful experience of hearing difficult or painful facts, it is because they were trying to prevent the other person from worrying. Amber shares what happened when she had to rush her husband to the emergency room one Monday morning:

> Amber: We got in line to check in and they questioned, "Well have you coughed up any blood?" Ryan said, "Yes." I looked at him. He said to me, "I didn't want to tell you to make you worry." So he didn't.

Intentionally withholding information may be viewed as a conflict between an individual's imperative to protect family members and their desire and obligation to be truthful to family members. When information is withheld, it can potentially impede a family from working together toward its object.

Subject

Many of the aspects are explored throughout the paper concerning participants as subjects in their family activity systems. Each excerpt highlights a look into the thought process, communication, and feelings of the subject. One important theme dealing with the subject that emerged from the data is depression.

Many participants felt depressed during and after a traumatic event. Unlike a blue mood that comes and goes, these participants' depression lasted longer. Mia shared that she "was really unhappy" and could not "pretend to be happy" for a long time following her brother's death. For many of the participants, their depression got so bad that it got in the way of their daily life and made it hard to function. Matt shared how the short-term memory loss impacted his daily life:

> Matt: I think one of the hardest has been the memory loss itself because prior to that I had a photographic memory and so, and I had used my memory so much on being able to recall and store events and things going on around me that it has felt like losing my sight or my hearing or the ability to talk. It's like losing one of your senses it's how it's been and how it's felt to me that it it's been really discouraging as the months have gone on its progressively bringing back some of the depression because I am wanting it over and want to be able to function normally.

When Jami's mother was diagnosed with cancer, it was really hard on Jami:

> Jami: I kind of stopped going to school, I got so depressed about it.
>
> Interviewer: For how long?
>
> Jami: [She sighed heavily] um, maybe three months.

For Lance, his depression got so bad that he attempted to commit suicide four times in 4 months. He said that his attempts to commit suicide were his way of feeling like he could regain control of relationships and situations:

> Lance: So I started, wanted to hurt myself cause I couldn't control the situation. So in a way, when I do that stu-that, I get the control back because people start paying attention.

Although some participants struggled with negative thoughts and depression on their own, other participants drew on a positive outlook to mediate trauma. One participant was able to stay positive by talking himself through things:

> Shawn: I also would, kind of talk to myself on the road when I was traveling from my house to work. I would just talk to myself or think. I would try to process, yes and try to make sense of everything.

Two important nonmaterial resources for participants were having a clear perspective and focusing on something positive. Participants talked about enjoying the "simple pleasures" and "little things" of life, and finding "little things to be happy about." Echoing this idea of enjoying the moment, one participant said that in order to rise above traumatic experiences, it takes a lot of "enjoying the small things." Phil shared that after his sister's funeral, he recognized that he could do a lot better at focusing on the good things around him, especially in his family:

> Phil: you know, you hear all the good things people say about people at the funeral and it makes you want to say that while they are alive instead of thinking about the negative or hold negative feelings towards people, you know, for just little dumb things. You just have to think about those you love and think that every day is their funeral and say all the positive things that they say about them at the funeral, you know.

With perspective, participants were able to understand things better and realize what is most important to them:

> Mia: Because, you know, we talk more, we like, it just I've like and especially like going through a death, you realize like what's more important in your life, what's the most important things.

When participants took time to think through what was happening, self-talk, and focus on the positive, it helped them battle negative thoughts.

Intersecting Systems

Many participants sought input from professional provider systems during and after trauma. These intersecting systems included health care providers, counselors, and insurance companies. Participants sought medical attention when they noticed that something was wrong with them physically and this either resulted in the recognition of the trauma, (i.e., seeking medical attention led to the diagnosis of cancer and cancer became the trauma) or it was as a result of a traumatic event (i.e., after a car accident, a woman seeks medical attention to find out what is wrong with her back). Common in the stage of diagnosing an illness or injury are the tests that are involved. Chelsey describes her experiences following her car accident:

> Chelsey: I, I just got up and that morning after the accident I couldn't feel my feet and so I just thought, "I'll just sit here so I elevated them. My feet were numb and then my hands went numb later and then I thought there might be something really wrong. My back really hurt, I don't know, so then I went to the ER eventually and um, they did a CT scan and said that I had bulging stuff that they couldn't tell if the discs had been affected and that I would need an MRI.

After getting the MRI and having a few more tests, Chelsey was dismissed from the ER because they didn't know what was wrong with her and told her that she needed to go to a doctor for more attention. Chelsey humorously points out that she thought it was weird for the ER to release her. She thought of all professional systems, the ER would know what to do because they were "the end of the line." She recounts:

> Chelsey: So, it's weird that they gave me some information, not a lot, so then they just released me which was a little bit…Yeah, so then they just said that you need to find a doctor, we can't do much.

For one participant, going to the doctor seemed like an everyday experience. When Kristi was going through a series of tests, she said, "I went to the hospital more times than I went to school the last month of school," When Matt heard about a shock treatment that

was supposed to help with the depression he suffered following his divorce with Candice, he decided to try it:

> Matt: And, and I had hit such a low then I realized I have to try something and through the doctor that I did the TMS studies, I learned about the ECT and the ECT study is a more invasive shock treatment of where they actually put you under and due to the shock treatment, you go through a seizure.

The treatment did not cure Matt of his depression, and it actually resulted in him having short-term memory loss. The doctors said that it should only last for a few weeks, but after 6 months, he still had it.

Insurance enabled and constrained the actions of participants and families during and after trauma. Those who had insurance had more ability to seek medical attention and receive needed help. Sam and Bridget's insurance covered 80% of the time that their baby was in the NICU. Participants who did not have insurance struggled getting the help they needed. When Matt had the ECT treatments done, he said his "insurance had put it under being experimental and would not cover further treatment and so I had to drop it all together." Participants without insurance also had a difficult time knowing where to go to get help. When Shawn needed to take his wife to the hospital following her accident, this is what happened:

> Shawn: We don't have insurance, and [Shawn Laughs] The first hospital we went to ended up being a Chinese Clinic. [Laughter] My wife was so mad, she was so mad. I didn't mean to, I didn't know it was a Chinese clinic. ([Laughter] She was thinking I was, uh, she was pretty mad at me.

Counseling was another resource that participants relied on during and after traumatic events. Mia said that when she finally went to a counselor following her brother's death, it helped her. It also helped Candice cope following her divorce from Matt:

> Candice: To cope with it, well I went to the counselor a couple of times, and then I went a couple of times during the beginning of the year, not really regular, like once a month. I really like that counselor. He knew Matt he knew us both. He worked with Matt as an individual and us as a couple for a year, but I felt fine going back to him. He knew the situation already, so I went back to him.

The ability for participants to turn to and rely on intersecting systems such as health care providers, insurance companies, and counselors definitely shape their experience, sometimes for the better and sometimes for the worse. Families often rely heavily on intersecting professional systems during traumatic times. These systems are important in shaping participants' trauma experiences.

Mediation as Structurating

Structurating activity theory postulates that the activity in a system is influenced by structure and at the same time the action produces, reproduces, and/or transforms structure overtime. The analysis of the trauma narratives highlighted what rules and resources family members used in their interactions as they worked toward the object. This section addresses how participants' actions produced, reproduced, and/or transformed family and societal structures. Participants' interactions with the community reproduce the structural expectation that a family develops and nurtures its members. Patterson (2002) stated that the purpose of a family is to develop and nurture its members. When families engaged in activity that developed and nurtured its members, they reproduced this structural expectation. When participants did not feel like they were receiving the nurturance and development they needed in their families, they still reproduced the expectation that a family is supposed to develop and nurture its members. When the object of development and nurturance was not met in their biological families,

participants redefined their families with people that would work with them to accomplish the nurturance and development they needed.

Analysis revealed that the division of labor in traumatic times reproduces traditional sex roles that men are the primary breadwinners and women are the primary caregivers and nurturers in a family. Even when the roles shifted because of the trauma that occurred, and opened up the possibility of a transformation in the system, it still reproduced traditional sex roles.

Time and money were resources that participants mentioned frequently as enabling and constraining their actions during trauma. Participants frequently mentioned time and money in the same response. Time is conceptualized in general as a resource which had the same materialistic characteristics as money. Western culture reifies the ideas that "time is a resource" and "time is money." Time is like money with an independent value of its own and shapes how families manage trauma.

The rule of withholding information about bad news reproduces the idea that trauma is a lonely, individualistic experience, and it perpetuates silence around trauma. Research Question 4 addresses how the invisible marks of trauma impact relationships with community members and this relates to the loneliness of trauma. When Amber's husband did not tell her that he was coughing up blood, he did so not to worry Amber. He did not want to be a burden on his wife but this is one example of a structural expectation to silence trauma and pain. When communication about trauma is withheld, it constrains the communicative coping process and trauma experience. Because some of the participants felt like they did not have a way to cope with the trauma, depression entered. After traumatic events, survivors are told to move on and get over it. These messages can

even come from other family member, which highlights the idea that family is there for you within a limit. This idea contradicts the notion that family includes the people that you can depend upon, which emphasizes even more that trauma is lonely, individualistic, and a silent experience.

The clash between lay and professional opinion highlights an oppositional tension that reproduces the idea that the lay person is not as knowledgeable as the professional who is considered an expert in a particular field. Construing lay people along the lines of unlearned or inexperienced represents a powerful social tool for intersecting systems because it perpetuates the idea that families need to rely on intersecting professional systems during trauma. These systems enable and constrain individual and family activity and are important in shaping trauma experiences. Participant narratives described how mediating elements shaped their family during and after trauma and this will impact future family activity.

Managing Contradictions

Research Question 3 asks, "How do participant narratives identify and manage the contradictions that arise during crisis?" The dataset revealed contradictions on both the system and structural level. Structural contradictions are "oppositional tensions that exist in entrenched social structures and are inherent in societies" (Canary, 2011, p. 8-9). According to structuration theory, structural contradictions involve "opposition of structural principles, such that each depends upon the other and yet negates the other" (Giddens, 1984, p. 373). System contradictions are "oppositional tensions that are specific to particular activity systems" (Canary, 2011, pp. 8-9).

Primary Contradictions

According to structurating activity theory, primary contradictions exist within an individual element in the activity system. There were two different primary contradictions that emerged: presence and absence, and schedules as help and hindrance.

The first primary contradiction to emerge from the data reveals how many participants experienced a desire to be present and absent during and after trauma as well as having a deceased family member be present in terms of memories and automatic responses to "doing family." They also experience the physical absence of the family member due to death.

Specifically, many participants wanted to be present following a trauma (i.e., attend classes, participant in family activity) while at the same time be absent as they struggled to deal with the trauma. Some wanted to seclude themselves away from other people because their emotions overcame them at times. Mia shared how she did not want to be around people when she was dealing with the loss of her brother:

> Mia: And I like, couldn't go to class. Like every, I would like go and then I'd get there and then I'd be like I can't deal with people and I'd start walking to class and I'd walk back to my car get in my car and drive back home again and get in bed. Like I couldn't like…I couldn't like deal with people, so I ended up, like failing out of all my, I just stopped going to all my classes. I didn't write any professors, I didn't care. Like, I just, I just stopped going.

For Mia, the traumatic event impeded her ability to act and interact with others for a time. Some participants chose to let the traumatic event hinder their ability to cope and act to the point that they contemplated taking their life as a result of the traumatic event they suffered. Lance told of how he tried to commit suicide 4 times in four months. This is his account of one of the times he tried to commit suicide:

> Lance: I had a razor in my hand. As he [an acquaintance] was walking back up the stairs I started cutting my hands. So I leave my stuff behind the dumpster and

> I walk. I go buy an energy drink and a knife from Walmart and I go behind, I walk by the church and I go to this area and start cutting on my arms, start cutting on my neck [at this point I looked at his neck and could see scars of where he had cut himself before], and start cutting on my head.

Those who do commit suicide leave loved ones behind, wondering and questioning. Before Mia's brother committed suicide, she felt like he was planning for his future, planning on being around for years to come. The fact that Mia's brother took his life while still planning on being around left Mia wondering whether his suicide was planned:

> Mia: I feel like a lot of um, suicide cases, like, they're in a deep depression, and there's a lot of things wrong and they're not, like, planning for the future, you know. I feel like that's not something that people when they're planning to commit suicide. And so, I don't think it was a planned act, you know. But…

Trauma was especially difficult when, like Mia, the trauma was unexpected and resulted in the absence of a loved one. Phil shares the struggle he faces of his sister's passing.

> Phil: Um, but it, like I said, it's hard. You keep thinking, well, she's just going to call us sometime or she always watched our kids when we needed her and it's hard. When I send a text message out to my family, I go to put her name in there, and you know. She's gone.

The contradiction for Phil is in the moments where he goes to text her or expects to hear her call and he realizes that this isn't going to happen because she is gone.

Participants' family maps highlight an interesting concept as well with regards to the absence/presence dichotomy. When participants drew their post-family maps they did not include the people who had passed away even though they still spoke of them as family. This idea was seen in four participants' family maps and can be seen in the following example of Mia's family maps. Figure 1 is Mia's pretrauma map and has Brother #5 listed, however in Figure 2, she did not include him on her posttrauma map:

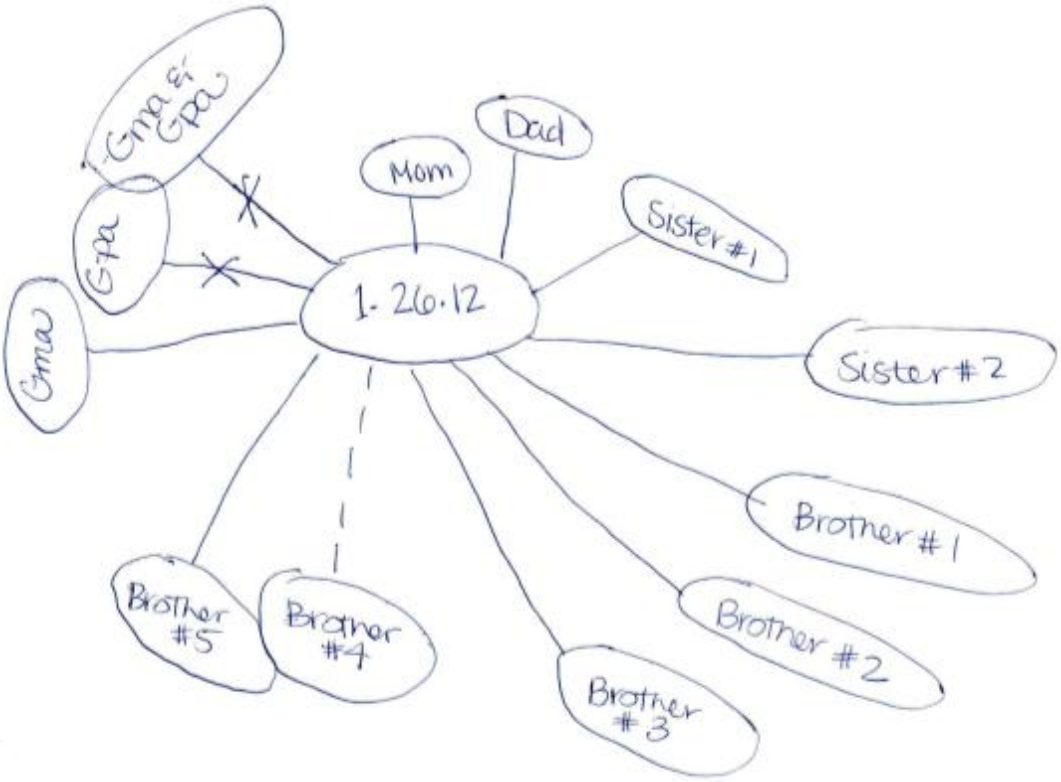


Figure 1: Mia's pretrauma map

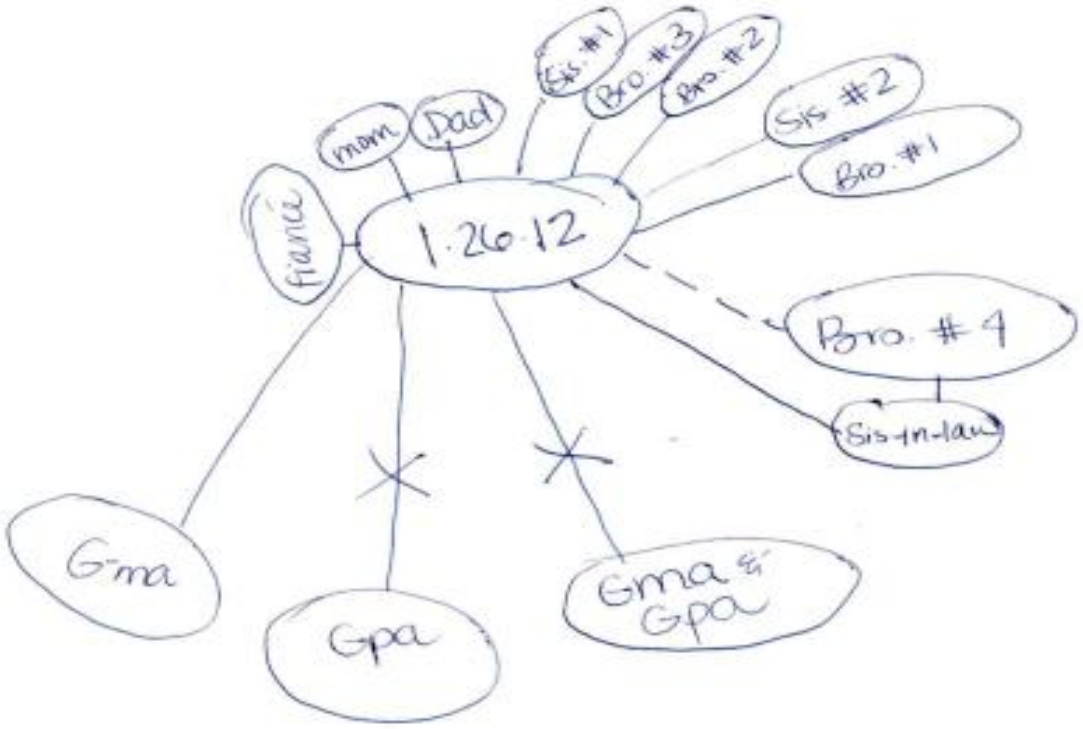


Figure 2: Mia's posttrauma map

In her posttrauma family map, Mia excludes brother #5, the brother who committed suicide. The 4 participants whose traumas centered on a loved one passing away had maps that were similar. In their posttrauma family maps, the person who died was not included on the map.

It can be assumed that the members of the system must be present and alive to engage in division of labor, establishing rules, and allocating or using resources necessary to achieve the object of the system. A family's objective is to nurture and develop its members, which is done most often when people are physically present to participate in the system.

Finally, a primary contradiction was discovered when routines and schedules were both a help and a hindrance for participants as they coped. The normal routines that people had before the trauma allowed a participant and his family system to engage in activity at set times throughout the day:

> Sam: It's really helpful having a schedule, it's something that we do and it's like here is what we are going to do next, and here is what we are going to do next…

However, in times of trauma, the same schedule Sam used before the trauma became a hindrance after the trauma.

> Sam: I'd say try to remove yourself from the, I don't know, it's really hard to do, try to remove yourself from having a schedule. Just try and forget about what your plans were. Just back off on that, and that really helps.

It seems as though routines during trauma make things more difficult to handle because things seem overwhelming and Sam conveyed that he needed to focus on one thing at a time to cope:

> Sam: You say ok I am going to do this now, I don't know what is going to happen next but I am right here, right now, and I can do this.

Trauma is unpredictable and it makes routines hard to follow. At times, suggested by Sam, it is best to set aside routines and focus on one thing at a time. Instead of looking at all the complexities at the same time, trauma narrows our ability to multi-task. In times of crisis, the routines of this family adjusted to focus on a new motive of an activity system.

For another participant, starting a routine following the traumatic event was very helpful. Following his ECT treatments, Matt was suffering from short-term memory loss. In order to cope with the struggles he faced, he began keeping a schedule:

> Matt: I, yeah, I keep it simple on what I do. I don't go and, I try to keep more of a routine. Before I was never one to have a set routine, or even lived in a situation where I could ever have, I guess you would call it a routine. But now I've, it's sometimes having to write down something small that I need to do the next day or two, or it's like having a routine.

These experiences highlight the contradiction that sometimes what helped before the traumatic event does not help after, as in Sam's example. Likewise, in Matt's experience, not having a schedule before he was diagnosed with short-term memory loss worked for him, but did not continue to work following.

Secondary Contradictions

Secondary contradictions are between two of the mediating elements of a system. This project found that contradictions between division of labor and another mediating element were most prevalent during and following a traumatic event in a family. These include a contradiction of division of labor and mediating resources and rules. These will be detailed in the following paragraphs.

Some mediating elements hinder the activity system from reaching its object, which result in tensions in the system. The contradiction arises because elements that shaped pretrauma activity in a particular way now inhibit activity or get in the way of

another element mediating activity, as it did before the trauma. One example of this was a contradiction between division of labor and money. A divorced couple recounted in separate interviews how there was inadequate money, each sharing very different stories:

> Matt: I think the whole time we were married I was out of work maybe 2 weeks and I had held stable jobs and provided, had a job that provided the medical insurance and the things that we needed but yet told I was not doing enough continually.

During troubled times, Matt felt like he was doing enough and providing. Candice, Matt's ex-wife painted a story that pointed out their spending habits:

> Candice: I knew we could make it if we budgeted; we never set up a budget until the last 6 months of our marriage, living together. I did that finally, and wrote down in categories, like groceries, gas, eating out, and entertainment. I realized we were spending over $400 in entertainment and eating out on a $10 an hour income. I'm like there is no way we're gonna afford that with all our other bills.

Candice in a later statement said she wanted to be a stay-at-home mom. The contradiction of division of labor and money was one of the reasons that led this couple to divorce. A contradiction arose between money as the means through which family activity is accomplished and traditional sex roles for dividing labor in a family. Matt saw himself as the provider and Candice saw herself as a homemaker. However, their budgeting practices (and lack thereof) and income contradicted the way of dividing labor in the family system.

Resources impacted relationships in many ways. One participant, Shawn, recounted when his wife was in a bad car accident and was unable to do what she had previously been capable of doing as she healed from the accident. Before the accident, she had been a resource for him. She had shared the weight of household chores, but that changed with the accident:

> Shawn: And you know my wife was sick in bed or just not feeling the best, and uh, I would have to, you know try to help her out with whatever I could and I had to keep up with the house as well, so I ended up doing a lot of the laundry and a lot of the, I'd say cleaning, but I don't think I really cleaned. Yeah, yeah, I think, it's not to say that my wife was in bed all the time. But she definitely wasn't able to, um, do a lot of the things she had done before.

Shawn felt more stress as a result of the additional responsibilities:

> Shawn: Um, I just feel like I didn't have a still moment to get a breather or to really absorb what was happening. I just felt like I was always on the run, if it wasn't school, it was work, homework, I was trying to get enough sleep, and then you know trying to do all the things around the house that I could and there was school, and it just seemed like it was a perpetual busyness and I didn't have any time to really sit down and talk myself through it, or figure out a way to cope with it. Just continual busyness.

Trauma shortens time and impacts the activity of families. Sometimes it means that one person has to take on more work because one family member is unable to do so for a time, and sometimes it means that some things just are left unfinished. Shawn highlighted that there is a contradiction between division of labor and the time needed to accomplish the activity. For Shawn, having to do so much--housework, schoolwork, and attending to his work responsibilities became overwhelming following the trauma and seemed to be continual busyness for him.

Finally, division of labor contradicted family rules that had been established prior to the traumatic event. Interestingly, these contradictions centered on parent- child interactions. Jami expounded on how hard it was for her when her mother was diagnosed with uterine cancer. She felt like she became the parent of the family:

> Jami: I had to watch my mom go through all this pain. It's kind of hard being a child knowing that you switched roles like you feel like you are taking care of them, like you have to watch over them.

Jami talked later in her interview about how she used to be able to talk to her mom and share things with her, but after her mom's diagnosis, she struggled with the role reversal she has felt. She used to go to her mother when she needed to talk about something. When her mother was diagnosed, however, she felt like she couldn't talk to her mother when she was scared:

> Jami: I didn't know what to do because my mom was the one that was going through it so it was hard to go and I am really scared about what you are going through. I'm really sad and I am really worried about you. 'Cause you don't want to tell the person that, you want to make them feel, they are already going through a lot and you don't want to make them feel like they have to worry about you being scared so.

When the traumatic event happened to her confidante, Jami had to turn to other places to find the support she was looking for.

This contradiction between rules and division of labor was also depicted when the routines of a family shifted because of the trauma. The time period of disequilibrium and adjusting was difficult for children. Just before Matt and Candice divorced, Matt moved unannounced one day. Candice recounts that day and how it impacted their son:

> Candice: I usually talk to Shawn to prepare him for big things like that, and I probably already started to talk to him a little bit but, um, just to come home from church and I didn't even know he was going to do that day and for five minutes he was like, "dad mad, dad mad, dad put back." That was really hard to see that, and that's hard to forget.

Bridget shared, when her newborn son was in the NICU, she had to stay at the hospital and wasn't able to be with her other children. This made one of her other sons very upset with her.

> Bridget: he (my husband) brought them (our children) to the hospital on Saturday afternoon and the boys couldn't go in and see Justin (my son in the NICU) because it was the NICU so I came out and found that Blake (my son) was mad at me, he was mad at me for a week. [Bridget began to cry]. Because to him I had, he woke up one morning and I was gone and I was gone and I didn't come home

> and he was, he was mad at me for a while after that, you know, not consciously, he was just, he just wanted that.

Traumatic events change routines in families and as a result change the rules of a family as well. Division of labor and rules are intimately connected. A family rule is an acceptable guideline or practice. Rules are the regulations, norms, and conventions that enable and constrain actions and interactions within families. The division of labor refers to the division of tasks in a family. In the example of Bridget and Sam, Bridget had always been at home when her children woke up. It was the norm in their family. However, when Justin was in the NICU, Bridget was not able to be at home with her other boys, and the family norms changed. Rupture to the family systems, routines, and norms happen during and after traumatic events.

Contradictions are opportunities for families to change, develop, and nurture its members. Contradictions cannot be ignored and should not be feared. Rather, families that embrace the contradictions as opportunities for growth will find new ways of doing family and continue working toward their objective.

From this analysis, I found that parent-child relationships were impacted when rules and routines change. For some families, like Candice's and Bridget's families, they have to cope with the changes that come with separation from a loved one, whether that separation is for a short or extended amount of time. The contradictions between the mediating elements spurred changes in the family system.

Tertiary Contradictions

Tertiary contradictions occur when a more advanced object is introduced and the activity system recognizes that the old ways of doing the activity will not continue to

work. One tertiary contradiction emerged from the dataset, which was coded as "trauma changes everything." The families have to reorient to a new object, reorganize resources, and reassign division of labor in order to find a new way of doing family.

Family members spoke of their 'shock' and 'disbelief' at the onset of critical illness. Jami described it this way when her mother was diagnosed with uterine cancer, "Uh, so really my world was like, turned upside down and inside out and whatever else you want to use to describe it and so, like, I couldn't believe it." Chelsey said, "a lot of times when you're injured, you just stop everything" which is what she did for a time after her accident.

For Kristi, finding out that she had stage 4 cancer was difficult. She had to change the way that she thought about her life and her future:

> Kristi: So-it was kind of a shock, cause kind of at first it was, "OK, you have breast cancer, and I was thinking what else. Stage 4 cancer is still deemed incurable meaning they can treat it, but you'll always have it. So I am thinking I have an incurable disease, I could die next year, but. Also from the beginning, I felt like it was going to get bad but that I would be ok. That I wasn't going to die, not right now.

Adrianna was Kristi's roommate and best friend at the time of Kristi's diagnosis. Kristi had included Adrianna on her family map and I had the opportunity to interview Adrianna following my interview with Kristi. Adrianna shared some of the ways her life changed when Kristi was diagnosed with cancer:

> Adrianna: At first it was hard to believe and I wanted to do anything that I could to help her feel comforted and supported. She would ask me to go to her doctor's appointments with her and drive her places for tests and stuff. Then her mom and sisters would come up a lot and take over our little apartment, sometimes spending the night. And there were constant gifts being brought over...dinner, cookies, money, posters, soap, clothes, books, etc. From the beginning, it was hard for me to cope with all of the attention that she was getting.

The relationship between Kristi and Adrianna worsened during Kristi's radiation treatments to the point that Adrianna felt like she had to withdraw from Kristi:

> Adrianna: I don't feel like I can just sit down and talk with her like we used to do without things getting serious. I find myself avoiding her more often just because I don't feel up to talking about things or hearing about the good and bad things about having cancer. I don't want to give her any more attention; she gets enough from everybody else.

This was a difficult time for both Adrianna and Kristi. Both of them struggled to deal with the challenges that came when the trauma entered the system. For Kristi, she coped with the help and support of other people who brought her things, and gave her attention. Whereas Adrianna had to withdraw into herself in order to cope.

Many participants felt in control of their life before the traumatic event and then out of control during and after the trauma. The onset of trauma resulted in a feeling of little or no control. Coping was more difficult for participants when they felt like they did not have control over the traumatic event. When participants felt a lack of control during or after a traumatic event, like Mia and Kristi in the following examples, they struggled with their emotions, with coping, and dealing with the event. Kristi shares how she felt when she was diagnosed with stage 4 breast cancer in her early 20s:

> Kristi: Yeah, I haven't been able to easily control my emotions. I have been through an emotional roller coaster lately. Like one night I was super happy and hyper and then like, a half hour later, I was crying on his shoulder saying, "I don't know what's going to happen to me." Like it's a fine line. I get mad at something stupid and then I'll be fine. But it's just up and down all the time, especially more recently. I think, I don't know, I am trying to get a grip on all my emotions.

These sudden and unpredictable traumatic events left participants feeling like they couldn't control their emotions during the event. The traumatic events also left participants feeling helpless, like they didn't have control over the outcome of situations.

In this example, Mia shares the hardest thing she dealt with after her brother committed suicide:

> Mia: I think that the hardest thing for me to get over was the fact that like I had zero control over the situation. Like never before in my life was there anything that like, you know, like, I grew up, like getting straight As , and student body president, and like if you work hard enough you can get whatever you want. And that's like my motto, like, that I like, that I always believe, like, I could always just have whatever I wanted if I like put the work into it. You know. And with this it was like nothing that I had did, nothing that I could have done, like it didn't matter what I as an individual had accomplished or hadn't done, like this happened. And it kind of altered my reality, like, I, it made me realize, like, you ultimately have control over very little in your life. And I think, um, with the realization of that, and like, I, it was the hardest thing.

It was difficult for Mia to deal with her brother's death because of the lack of control she felt at that time. It was also hard for her to cope with the realization that other people's choices greatly impact her.

Dealing with a sudden death is certainly traumatic and stressful and results in confusion and suffering in families. Amber told when her husband needed to go to the hospital after he was unable to get enough oxygen. She took him to the hospital on a Monday and by Wednesday night he had passed away.

> Amber: We never realized it would happen so fast. We expected him to come home, I mean that night he died that I would see him in the morning, you know. It was a shock, a real shock, because that night [Wednesday night], both doctors, when they were going home, the family was there in the waiting room, and they uh, peeked in and said, he's doing real well, it's working real well. And uh, the other one come by and said he looks real good, he should be a lot better in the morning, and he died that night. So we were completely shocked.

A loss like the one Amber experienced leaves families suspended in time and space. When death is sudden, families do not have time to say goodbye. Frequently they do not have time to process their emotions and cope. Society expects a family like Amber's to continue with normal responsibilities shortly after a traumatic event, and a situation is

created where the loss of a loved one is diminished. When a person is no longer present in an activity system, everything changes; families need time to adjust to their new life and a new way of doing family.

Quaternary Contradictions

Quaternary contradictions emerge when the object of the activity system and intersecting systems clash. This happens when there is a difference in the process by which systems reach the object. Overall, the actions described by participants were oriented towards the object of nurturing and developing family members, although clearly, there are other adjacent activity systems directed toward goals that both help and hinder the activity system from achieving its goal. Two quaternary contradictions emerged during analysis. First, extended family systems clashed with immediate family systems, and second, the goals of the family clashed with medical system goals.

Extended family members can help and/or hurt families as they interact with each other. Specifically, conflict can result when extended family members believe they know the best way to deal with hard times and they try to tell the subject or family what to do. Conflict can also arise when family members turn to outside sources for advice rather than keeping things in the family. This was the case with Candice and Matt. Matt shared how it bothered him a lot that while he and Candice were married, she went to her parents about their troubles:

> Matt: Uh…A lot of what happened with the marriage was, I went into the marriage wanting to finally have my own family, my own establishment like I described where I could have that unity and security. And so then marriage, it started eating at me that my ex Candice, everything went to her parents. It felt like to me that instead of it being my family that was her parents and not my own…when I disagreed with her or her parents I was told that I don't understand and I'm not listening to her and I don't agree.

Matt's actions were constrained because everything he said and did was conveyed from Candice to her parents, who felt like they knew what was best. Candice told her parents everything. Candice did not see things the same way as Matt. She did not feel like she was out of line talking to her mother about things, even though she admitted that it hurt Matt. She said that she would go to her mother when she needed emotional support and did not feel like her parents were that involved:

> Candice: You know and it's obvious that I wasn't getting that from him. That's why I talked to my mom a lot. He hated that I talked to people and shared what was going on. I am sure it made him feel vulnerable…He blamed it on me, he said all the thing that I had done to hurt him, and he blamed it on my parents being too involved or whatever. They weren't really that involved. I talked to them for me because I needed their support, but he said that they hurt him.

The second theme to emerge under quaternary contradictions was that the goals of the family system clashed with medical systems. When Sam and Bridget gave birth to their third son, he had to be taken almost immediately to the NICU. From their point of view, they felt like the nurses in the NICU did not want them to be around and just wanted to do their job:

> Sam: They seemed to want us out of the picture, they wanted us to leave. Not all of them, but a lot of them. They wanted to do their job, you know, and wanted us to just do all, follow their protocol, which was, uh, go somewhere else…They wanted to work with us kind of but the underlying current of no.

Sam and Bridget want to be with their son. There were little to no arrangements for parents to stay in or near the NICU and this was hard on Bridget and Sam because they wanted to be with their son:

> Sam: That was a frustrating part because we wanted to be there with him but we just really couldn't, and they didn't want us to be there.

Not only were there contentions between the family and medical personnel, there were contentions between the doctors and nurses that impacted the family:

> Bridget: There was a lot of contention, underlying currents between the doctors and nurses and that was really frustrating… it just felt like the nurses and the doctors were clashing and didn't agree with how to do things and what to do.

When Bridget noticed that there was this contention on how to do things, she took that as an opportunity to become a vocal parent, telling the nurses what she thought they should do:

> Bridget: Talking about communicating, near the end we started to learn how to communicate with the nurses, instead of taking this back seat, they check the blood, it's not good, ok, were not going to move the I-V. I got to the point where I became a very vocal parent, you know. It wasn't at the number they quite wanted but I asked them can we take the I-V down one instead of two. Or you know, the blood sugar was way low, I asked can we just wait for one more feeding to see if it goes up in the next 3 hours, you know, so just, and most of the time they respected that and were like, oh, ok, let's try because there are no rules. Each nurse has their own rule.

Communication impacts families and their interactions with intersecting systems. At times, communicating with outsiders about pretrauma tensions created more problems, as it did with Candice and Matt. Other times, communicating with intersecting system can be helpful because it assists in a family reaching its goals, as Bridget and Sam demonstrated.

Structural Contradictions

Structurating activity states that structural contradictions are inherent in society and how to define family is one contradiction. In the past, when a person would talk about their "family," they generally referred to a mother, father, parent and/or children, adopted or biological. Since the 1600s the word "family" has meant "those connected by

blood" (Maguire, 2012). As such, a structural definition of family has been embedded in our society for hundreds of years. Because structural definitions of family have been embedded in Western society for so long, they have become legitimized and valorized over other forms of family through structures such as language, norms, laws, authority, and allocation of resources.

This societal struggle to define what counts as family was apparent in participant narratives and their own struggles with who to include on their maps.

There is a contradiction between a structural meaning of "family" and the experiential meaning of "family." These contradictions potentially can lead to structural transformations regarding family because the emphasis when describing family is centered on how family is something created through interaction and communication rather than something defined by blood.

Communicative Coping

Research Question 4 asked, "How do families cope communicatively during and after trauma?" Participants answered this question as they shared about the interactions they had with loved ones, talked through the communication they had with family members after drawing their posttrauma family maps, and shared their best and hardest memories from the trauma. In this section, three categories of communicative coping are explored: invisible marks of trauma impact subject and community relationships, regrets, and communicating about the shared experiences of trauma facilitate coping.

Invisible Marks of Trauma

One of the most difficult things for families to do is to talk about the invisible marks of trauma, the emotional and physical pain felt following a traumatic event. These marks are ones that are part of a family's everyday life, and members often do not recognize their impact. Other times, members of a family are not willing to talk about them openly, which can seriously impede progress towards the object. When Chelsey was hit by the semi-sized tires, she was in a lot of pain physically. She felt as though others disregarded the pain she was feeling because they could not see it:

> Chelsey: The weird thing is, relative to communication is, you know people can't see 'em, they see you are acting kinda weird, you know, and I think they almost think you are being theatrical. I don't know, not always. But I think that can be tricky cause they're, they're not visual.

Pain from trauma is not often visible, but its invisible marks impact the quality of interaction between the community and subject. After Mia's brother committed suicide, she struggled with her own thoughts of depression:

> Mia: It's the weirdest thing to me, but it's never, like you know. Also sometimes when things are really hard, it makes me just want to give up and I know that's a trait from when my brother died, so like, just like, like analyzing in my head how much it matters.

Surfacing the invisible marks of trauma and stimulating a dialogue around them is one of the most potentially valuable communication processes for family members. It is especially helpful to talk about the invisible marks of trauma with others who have gone through similar events. When his sister died of CO_2 poisoning, Phil shared that the people who had gone through a traumatic event in their life had empathy for Phil and his family. He said those people were the most helpful because they knew how to help:

> Phil: And just the people that have gone through this have empathy, they were the first ones to come, they know what to bring you, they understand what you are

> going through. People that haven't ever went through a death or that, they have the sympathy, but not the empathy.

It is interesting to highlight Phil's description of empathy and sympathy. Sympathy comes when community members and members of intersecting systems do not really know what to say other than that they are sorry for the loss of the family. It is more removed and distant. However, empathy comes when people can look the subject in the eye and say I understand a little bit about what you are going through. People who have experienced a similar trauma understand how the traumatized person is feeling. They may not have been through the same thing, but in Phil's case it was the people who had gone through a death who could relate to what he was going through. The invisible marks of trauma have lasting impacts on the quality of relationships in families, and it is helpful to find ways to talk through them for a family system to function.

Regrets

During the process of coping with traumatic events, it is common for participants to feel regret over things they wished they would have done or have not done. Participants also discussed their regrets about what they wished they would have communicated with loved ones before the trauma occurred. Regrets can either be beneficial learning opportunities or stifling barriers to coping. There were two types of regrets that emerged from the data; regrets about what the participants would have done had they known the traumatic event was coming, and regrets about the communication during the traumatic event.

A common theme throughout the interviews was what participants would have/should have done had they known about a traumatic event. The experience of

trauma-related regret did not seem to depend on the type of traumatic event experienced. Rather, it is a common theme regardless of the type of trauma experienced:

> Phil: But, I guess, going back to my sister, it's definitely hard, I wish I could have done something, or say goodbye to her, I think that's the hardest part.
>
> Adrianna: Feeling guilty about not always being able to be there to help her [her refers to Kristi who was diagnosed with stage 4 breast cancer].
>
> Amber: The thing I feel most bad about was I felt like if I'd only known I'd been better, I'd taken better care of him. I'd been more, uh, aware of his needs and more helpful and I just had this kind of guilt complex because he just went so fast.

As participants talked through their regrets during the interviews, it helped them recognize what they would have done differently with their communication and interactions as well. Phrases like "I wish I could have done something or say goodbye to her," and "if I'd only known I'd been better…been more, uh, aware," point to the importance of communicating feelings and needs before a traumatic event occurs. Also important is communicating needs and feelings during and after trauma. Adrianna shares how she wished she would have talked with Kristi as soon as she was diagnosed with cancer:

> Adrianna: I wish I would have done that with Kristi because I still have concerns about her decision to stay up in Logan and there are still things between us that we need to talk about that create tension in our relationship. Since it's been a few months, I don't feel very comfortable bringing up something that I should've said a while ago. The communication line needs to stay open from the beginning

Communicating expectations and feelings are important when trauma occurs, as is recognizing what could have been done differently. Those who used those moments of regret as learning opportunities coped better in their families. Trauma amplifies our awareness of our lives and relationships and helps us focus on what matters most.

Communication and Shared Experiences Facilitate Coping

There were several ways participants' communication facilitated coping. Following a traumatic event, participants felt intense emotions. Communication during this time and after, as families coped, was important to participants. Madelyn recounts when Phil's sister, her sister-in-law, died of CO_2 poisoning and the importance to her mother-in-law that the family stay together:

> Madelyn: Um. I remember his mom saying, "Don't leave me alone, I need you guys right by me" and it was really neat to see [She started crying at this point] everyone all together. [She continued to cry harder]. I get more emotional than my husband [she said with a little laugh].

It was important for Madelyn's mother-in-law to know that her family was physically present to support her when the trauma occurred. The need to talk about the trauma was important for participants. Many of them shared how important it was for them to communicate openly with others about what they were experiencing. Kristi shared what it was like talking to her boyfriend (who she considered to be family) about her diagnosis of cancer:

> Kristi: Lots of, like medical talk, that normally would be kind of awkward talking to a guy about, like breast cancer, I mean there's womanly things to talk about there. And like, I feel like we've been able to be mature about things and just talk about things as they are, not worry about, like, you know that's inappropriate, you know, medical, things to work out.

Shawn expressed that when his wife had her car accident, he and his wife grew closer together. They communicated, and even though the majority of household responsibilities were on Shawn's shoulders for a time, his wife still tried to help when she could. This is an important example of how communication, sharing responsibilities, and coping together helped Shawn and his wife grow closer together:

> Shawn: Can I just mention one thing, I was just thinking. I have kind of focused more on what I've done and stuff, but you know I have to say my wife has been very, she's tried very hard to do what she could during the accident. She was very selfless. She would help me out as well. And it wasn't a one-sided effort. It was a very two-sided effort. And it wouldn't have worked without that. And even though it was hard for her, and it was hard for me, I still felt her support and I knew that, that you know, she was there to help as much as she could. So, you know, there has been good outcomes from this whole accident, it's not necessarily because I'm amazing and have made amazing choices, I think the true hero of the story is, is my wife or us as a couple because we have gotten through this together.

Participants realized what mattered most as they coped with trauma, and for many what mattered most was their family relationships. Phil remembered a conversation he had with his brother the night their sister died:

> Phil: You know, he was like, it doesn't matter if you have the nicest four-wheeler or the nicest truck, you know. It's all about family…It's really, it's true, it comes down to family and you know. I think that's the important thing, what relationships you have with people.

Although it was important for participants to share their experience with members of their family, many found sharing things with people outside their family to be beneficial as well:

> Jami: I like to talk. I'm good at it so it was really hard not to tell someone and I've never had such a scary experience that it pushed me to tell people that I'm not even that close to.

> Sam: I think also, something else that helped us to cope was just, um, uniting ourselves together against, kind of, the nurses, the hospital and everything. I think that unified us as parents, a lot of them have the same attitude, a method of coping. But yeah, we got to get them out. We have to bust them out, what can we do? You know, and those guys are the bad guys, I don't know if the nurses feel that you know, they have to take the brunt of people's harsh feelings you know, it helped us to be more united. It helped us to feel like it's going to be ok, we've got each other. And we are going to, we are going to fight this battle and it's going to be ok.

Jami found it easy to talk to other people, even though at times it was scary for her. Sam found comfort in bonding with other parents who were having similar experiences with their newborns in the NICU. These two participants shed light on the idea that communication is important and necessary for coping to occur. Participants expressed that talking with family members when trauma occurs was beneficial because through shared experiences, they felt a stronger bond of unity. When this was not possible, communicating with friends, counselors, teachers, parents, and others still proved to be beneficial. When families shared their experiences, feelings, and support with each other, they were able to transform how they did family following a traumatic event.

Summary

This chapter presented results to the research questions. Analysis clearly shows that traumatic experiences shape definitions of family, and there is a structural contradiction of who counts as family. It also highlighted the mediating elements that shaped family members and family systems during and after trauma. Participant narratives conveyed contradictions that arose on a system and structural level during trauma, and they communicatively struggled to cope with trauma. The following chapter will discuss the theoretical and practical implications of these results.

CHAPTER 5

DISCUSSION AND CONCLUSION

This study applied structurating activity theory to investigate trauma experiences in family systems. Through structurating activity theory, a clearer understanding was articulated of which rules and resources families draw upon during trauma. It also highlighted how families communicatively cope with the contradictions that arise during trauma. The mediated experiences of trauma shaped definitions of family. Considering the prevalence of trauma in families, the findings of this project are both theoretically and practically significant (Ozer, Best, Lipsey, & Weiss, 2003). I discuss theoretical contributions of the project, followed by a discussion of practical implications. The chapter concludes with a discussion of limitations and future research directions.

Theoretical Contributions

This study extends the constructs of structurating activity theory to explain the phenomena of family trauma and coping, which have not been addressed using this theory. This study makes unique contributions to existing literature by examining how mediating elements both enable and constrain how families cope during and after traumatic events on both the system and structural level.

Family systems can enact change and transformation in their family following a traumatic event. An important idea that this study builds on is what Buzzanell (2010) referred to as crafting normalcy. When family systems are disrupted because of trauma,

the family will work to reestablish patterns and activities of normalcy. Dickson and Webb (2012) found that as members of systems talk with others outside their system about their needs and interests, as well as working to maintain normalcy, they will be able to enact change in the system. In this study, participants drew upon intersecting systems that included counselors, medical personnel, and extended family. Some intersecting systems enabled individuals to cope and discover resources necessary to deal with a traumatic event. However, this study also found that many intersecting systems constrained individual and family activity, which made coping more difficult. In short, intersecting systems influenced the process of creating a new normal after traumatic events. Findings from this study confirm previous research about the importance of intersecting systems, and it extends those findings by noting that not all interactions influence family systems in a positive way.

Findings from this project demonstrate that as families recognize and manage contradictions, they can begin to recraft normalcy following trauma. Contradictions were found on both the system and structural level. This study builds on the idea that when contradictions emerge in activity systems, they can provide opportunities for growth and development (Poole, Seibold, & McPhee, 1995). Primary, secondary, tertiary, and quaternary contradictions all emerged in participant trauma narratives. These narratives also indicated that managing contradictions led to finding new ways of doing family to move toward the object of nurturance and development of family members.

How individuals define "family" reflects the structural contradiction of defining family. While some referenced the compositional traits of family, the emphasis of the participants' descriptions of family was on those people who helped the family reach the

object of nurturance and development of the family. Fitzpatrick and Caughlin's (2002) definition of role-based families consists of people who work toward nurturance and development. When participants did not feel they had this connection with members of their structurally defined family, participants incorporated people into their definition of family who were not biologically related. This finding supports the notion of a role-based definition of family (Floyd et al., 2006). They also support the idea of a supplemental family of voluntary kin (Braithwaite et al., 2010), which assumes that people who are unrelated by blood or legal ties can serve as family if they help the individual reach the object of a family. Analysis revealed that participants struggle with the contradiction between traditional views of family and their own lived experiences of what counts as family.

The findings of this study provide another valuable contribution to theory in that it confirms the idea that there is a cascading effect of traumatic experiences. While scholars such as Felitti et al. (1998) and Thoits (1995) have established the idea that multiple traumas do happen, this study explains, in part, how it happens. Through structurating activity theory, two different ideas emerge. First, when contradictions arise in family systems during traumatic times and they are not managed, the family is in a state of disequilibrium. This state of disorganization and disequilibrium leaves families susceptible to more traumatic events. In contrast, families who are able to manage contradictions and recraft a new normalcy in their family system are better situated to handle future traumas that arise.

Secondly, structurating activity theory demonstrates that families are susceptible to cascading traumas. The impact of unrecognized and mismanaged contradictions led to

cascading traumatic events. For example, one couple in the study struggled with budgeting their finances. Additionally, the wife wanted to be a stay-at-home mother and the father was the provider for the family. However, because they did not budget their money wisely, the husband and wife would argue about the wife staying home when the husband thought that she should go to work to help provide for the family. The husband decided to receive treatments for his depression. Something went wrong in the treatments and it resulted in his short-term memory loss. These contradictions between their financial resources, divisions of labor, and budgeting practices led to cascading traumas of divorce and the husband's depression.

Additionally, the interactions between subject-community and the isolation of trauma can lead to a cascading effect of trauma. When 1 participant was driving down the freeway and her car was hit by semi-size tires, she suffered physical pain as a result. One challenge with physical pain is that other people cannot see it. This participant's relationships with other members of her family were impacted because at times, her family members believed that she was exaggerating her pain. This led to the deterioration of some relationships with some people she once considered part of her family. The way the interaction in this family system was mediated and structurated over time was problematic and reproduced/structured a less than supportive system for trauma coping.

Practical Implications

Along with the theoretical contributions this study makes, there are practical implications as well. Many families and medical professionals will benefit from the results of this study. Additionally, there are implications for researchers, behavioral

healthcare providers, and education. The results of this study will aid families and those working with families to cope communicatively with traumatic experiences.

One way this study is practical is by "using mediating elements as a vehicle for comparing experiences to ideals, which identifies opportunities for transformations in family systems" (Canary & Jackson, 2012). Mediating elements can also be used to compare the experiences of participants to the changing definition of family during and after trauma on a structural level. For example, participants advised others going through a traumatic event to talk to others, reach out, and spend more time with family members, illustrating collective coping. However, a lot of the participant experiences identified that family could be depended upon only to a certain point and that trauma is lonely and individualistic. Participants' experiences and advice also pointed to what 1 participant called "self talk." This refers to turning inward and working through pain by oneself. Dickson and Webb (2012) assert that one way to help individuals reach out to family members is through expanded disclosure. The lens of mediated family activity demonstrated how expanded disclosure can work in families experiencing trauma. Professionals can use this information about expanded disclosure when helping families communicatively cope with traumatic events.

Trauma can feel overwhelming at times and it is helpful to know what resources have helped other people struggling through traumatic events. At the end of each interview, participants were asked to share what advice they would give to others going through hard times. As participants talked through the advice they would give to other individuals and families going through trauma, two themes emerged: adaptability, and enjoying the small things in life. As participants struggled through trauma, they wanted to

know that life would eventually get better for them. It was important for participants to know that they could make it through the hard times of trauma and that life could get better for them. Participants conveyed that strength in their families was closely related to their ability to adapt.

For many, trauma was "overwhelming," "scary," "shocking," and something they thought about all the time because it was the biggest thing going on in their life. In order to cope with the sometimes all-consuming feelings of trauma, participants focused on the little things to cope and recraft normalcy in their lives. Participants talked about enjoying the "simple pleasures" and "little things" of life, and finding "little things to be happy about." Buzzanell (2010) described focusing on the positive as legitimizing negative feelings and foregrounding productive action; they found these actions to be helpful in overcoming traumatic events.

An interesting idea that emerged over several participant narratives was the way they described coping juxtaposed to the way they described trauma. Trauma was described as big, overwhelming, and the only thing you think about for a long time, while coping was described as being accomplished moment by moment, "a little bit at a time." When traumatic events enter a family system, it is overwhelming and disrupts everyday life (Dickstein, 2002). This study showed how family systems both relied upon routines as a coping mechanism, and when their routines became a hindrance to them, they ceased following the patterns they had followed previously. One thing families can do to cope is focus on the little things as they cope moment by moment with the trauma.

All people will experience trauma and likely know someone who has or is experiencing a traumatic event. Knowing how mediating elements shape trauma

experiences can help people be empathetic to individuals and families experiencing trauma. Individuals also can recognize that broader social structures can at times constrain coping. Western culture is intolerant of grieving and has little patience for coping. By recognizing this, people can allow family members and others experiencing trauma time and space to cope both individually and collectively. People can provide and be resources for others experiencing trauma when they try to understand the needs and unique situation of individuals and families experiencing trauma. In so doing, individuals and families can collectively help one another cope with traumatic experiences.

Limitations

As in any qualitative study, there are limitations that need to be addressed. First, the presence of a family member during the interview shaped what participants were willing to say. In two separate interviews, a husband and wife chose to have their interviews together. The presence of their spouse likely influenced what each other felt comfortable saying during the interview. At times, the participants' comments were more in response to what their spouse said than directed toward the interview question. During another interview with 1 participant, her mother unexpectedly came into the room. The participant was in the middle of describing the family dynamics and as she did, her mother became very vocal and somewhat defensive about how her daughter was describing communication within the family. The atmosphere was tense for the duration of the time the mother was present, which was about 20 minutes. The mother's presence made the participant uncomfortable and she hesitated in her responses for the time her mother was present.

Secondly, even though the study's participant group provided rich, descriptive responses, diversity among participants' demographic characteristics was not strong. The participants were Caucasian and this limited the study in regards to ethnic diversity. A third potential limitation to the study is that the sample used for the study was collected from Utah, which has a particularly strong family oriented culture that influenced the results. Since convenience and snowball sampling methods were used in the study, a pure representation of the population was likely not achieved. A wider variety of people would allow for greater understanding across more families who have gone through traumatic events. Overall, though, the current study provided a strong basis for understanding ways families cope communicatively with trauma and the limitations serve as areas for future research.

Future Research

Future research in the area of communicative coping during and after traumatic events can be extended in many ways based on this study. Additional research is necessary to see if the collective findings of this study will transfer to other types and groups of people. The findings in this study are based on a relatively small group of people. The findings can be extended productively as researchers replicate the study with a larger, more diverse group of people across the United States and abroad.

For future studies, researchers might examine the object in family systems. Participants pointed to the idea that the object of a family is to develop and nurture its members (Patterson, 2002). Even participants who did not feel like they received nurturance or development in their own families still pointed to the idea that the object of a family is to nurture and develop its members. This broad structural resource should be

investigated further to see if it is supported by a larger number of people. Additionally, when describing a family, research can focus on the ideals of "love," "support," "development," and "nurturance" when people do not experience that in their family. It would also be interesting to investigate further what has shaped the object of the family. Is it shaped by media, religion, friends, schooling, or a combination of all of these sources? Also, is idea of the family object transferable to other cultures?

Third, an interesting study to pursue would be one that continues to analyze the impact of the changing definition of family during and after trauma. As this study shows, participants are describing and defining family often through an experiential lens instead of a structural one. It would be beneficial to continue this line of research to better understand this phenomenon.

Moreover, researchers can study how an individual and a family's faith is redefined when a traumatic event occurs. It was interesting that there were 37 references to faith in participants' during/post trauma narratives and yet there were only 6 references in their pretrauma narratives. One aspect of faith that needs to be researched more extensively is how trauma shapes the conviction of one's faith leads individuals to doubt their faith. It will be intriguing to study how a family's faith helps them to become more emotionally intimate and supportive after a traumatic event, or does the faith of family members result in emotional distance.

Fifth, research needs to be conducted to understand what perpetuates the idea of silence during trauma and why do individuals define family as those they can depend on while they enact the rule of withholding bad information from loved ones.

Finally, it would be worthwhile to study how participants reify time as if it has the same material and quantitative characteristics as money. These shape how families manage trauma and it will be interesting to understand more thoroughly how families reify these two and what importance they place on the reification of time and money.

Conclusion

In conclusion, this study contributes to the conversation about trauma narratives by identifying how trauma experiences shape families and how families and mediating elements of family systems shape trauma experiences. Results showed that definitions of family are shaped by trauma experiences, that contradictions arose on system and structural levels, during trauma, and that families communicatively struggled to cope with trauma. Future research can build upon this study by applying theory and practice in the quest to help family activity systems cope more successfully with trauma.

APPENDIX

INTERVIEW PROTOCOL

Thank you again, so much for participating. I really appreciate it and I also know that talking about times that have been difficult isn't easy, so thank you for your willingness to share your insights. I just double check to make sure that you are comfortable with me recording this interview. Will it be alright to record? Also, just as a reminder, you can skip any questions and/or withdraw at any point in the interview. Sound good?

1. When you hear the word "family," what words, situations or feelings come to mind?

I heard it once said that a family is, truly, a masterpiece of the human experience. You are probably well aware, however, that when people go to define what a family is, there are very different results that come up. Some people define family as blood relatives; some people consider the legal side of family and say that as long as it is accepted by the law, then it is a family. Still others think of family as stable relationships that fulfill the roles of a family. In this definition, people who are not blood relatives can still be considered family.

2. Based on those ways that people describe families, how would you define families?

3. Following up on the last question-how are the relationships with members of your family different than with other people?

I think that thinking about and mapping our relationships with other people really helps us to think through our communication with them. You now have the opportunity to map out your family and draw out your communication with them. I am going to have you draw both what your family looked like before the traumatic event and after.

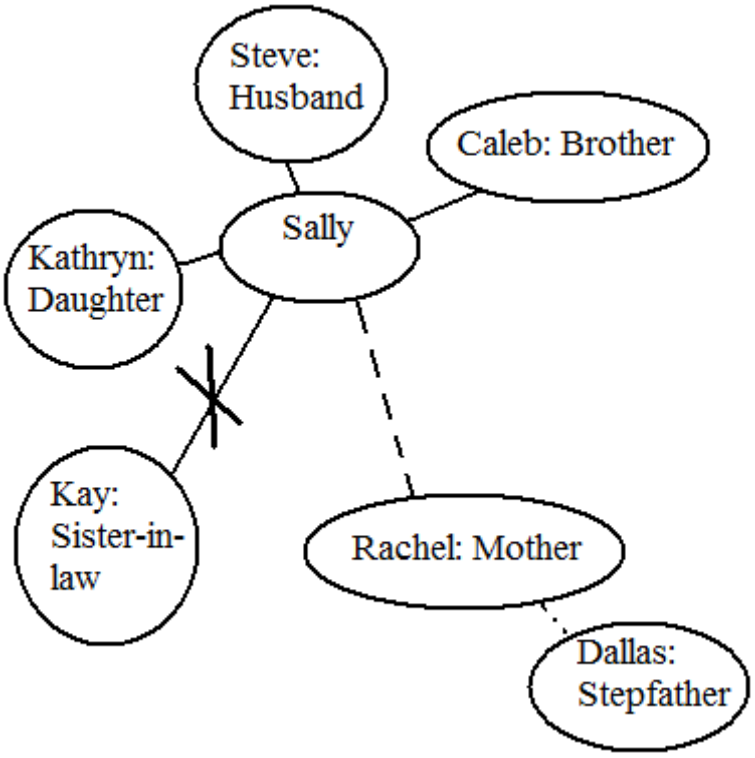
Using the separate piece of paper provided, please draw a map of what your family was like before the trauma you and your family went though.

Steps:

1. *Put your name in the center of the paper and put a circle around it.*
2. *Then write the names of other family members, and a brief description (friend, aunt, adopted grandma/neighbor, best friend, and deity) of them around you,*

putting those people with whom you are more emotionally connected to closer to you on the map.

3. *Put a circle around the names of the other people on your map.*
4. *Draw a line from your circle in the middle of the paper to the circle of the people on your map.*
    a. *For people that you had strong communication with before the trauma you experienced, draw a solid line from your circle to theirs.*
    b. *For people with whom the communication is strained before the trauma you experienced, draw a dashed or dotted line from your circle to theirs.*
5. *For members of your family with whom you did not have any contact with before the trauma you experienced, draw a line from your circle to theirs and place an X on the line. Write a short sentence of your communication with the person related to the trauma. For example: My relationship with my mother was struggling before my husband had his stroke because she did not agree with the religion I chose to participate in.*



4. I would like to hear you describe your experience of when {the traumatic event} happened?
    a. Would you please describe what happened {the event}?
        i. OR

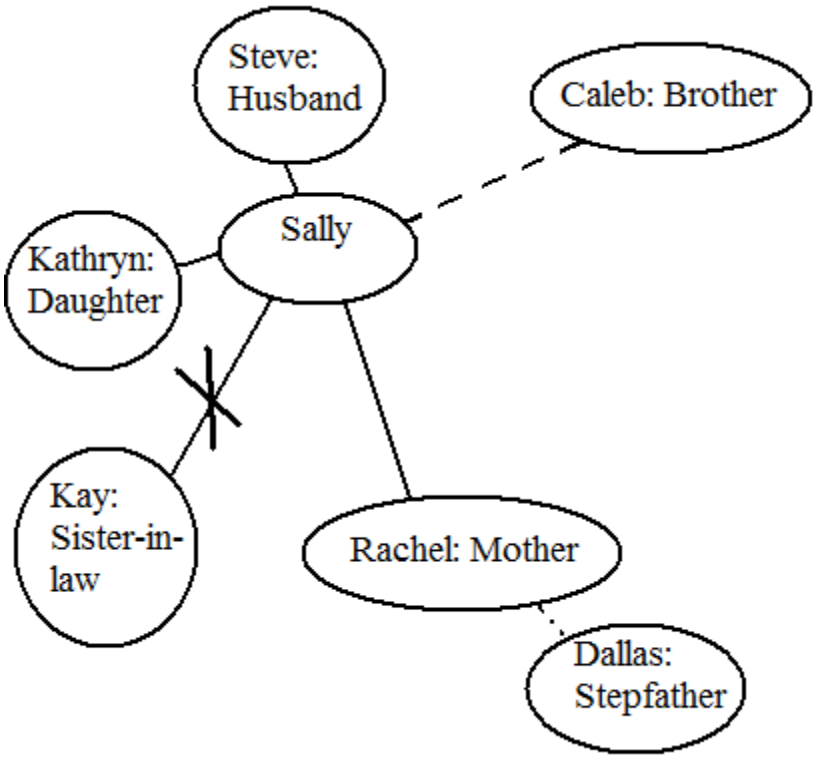
1. Can you tell me the story of when {the traumatic event} happened?

5. What was/is the hardest part of the experience?
    a. What about that experience stands out the most to you?
6. Who was/is there to help you through this hard time?
    a. Can you put a star by their names on the map that you drew?
    b. How did they help you?

Redefining Families after Trauma

On a separate paper, and using the same criteria, please draw what your family was like after the traumatic event? I am interested in seeing if there were any relationship changes that you noticed. This you can just tell me, you do not need to write it out if you don't want to.

7. What relationship changes did you see? For example:
    a. *In the example map, and using a made-up situation and speaking as Sally, she might say: "before my husband had a stroke, I was estranged from my mother because she was controlling. However, after the stroke, my mother really helped me in a number of ways; she came and helped me take care of my husband and took care of our children. It helped me a lot."*



8. Talk about the ways that the relationships with people that you just mapped were better or worse following the traumatic event.
    a. In what ways were they better? With whom?
    b. Worse?

9. Do you feel like your family overall is closer emotionally after having gone through this experience?
    a. How and Why?
10. When you think back to the time that _____, what did you do to cope?
    a. What did your family do to cope?
11. What do you do now to cope?
    a. Your family?

Rules and resources drawn upon after a trauma

12. How have members of your family been there to support each other?
13. What other resources were available to your family during the trauma/crisis?
    a. *For example: did you have financial support, support from people outside of your family, informational support, counselors, friends? Did members of your family turn to destructive means of coping?*
    b. Which was most helpful? Why? Do you still use _____?
    c. Which was least helpful and why?

14. What helped you decide what resources to use after{ the trauma}?

New normalcy

Often immediately following a traumatic event, people focus on surviving, and doing the quote "little things" sometimes feel like the hardest tasks of all. With time, individuals and families create a new normal, a new routine.

15. In what ways have your everyday life changed since the {traumatic event}?
16. What are some of the challenges you and your family have faced since the {traumatic event}?
17. How have you managed these challenges through communication?
18. Do you still feel the impact of the trauma today? In what way?

Concluding Questions/Advice

19. You've told me about {this trauma} and have a lot of knowledge to share with others. Would you like to share any advice for individuals and families who are experiencing difficult times?

THANK YOU!

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